THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XIII. PHILADELPHIA, NOVEMBER, 1891. NO 11.

CLINICAL LECTURE.

INTERCOSTAL NEURALGIA *

BY J. M. ANDERS, M.D.,

Professor of Practice of Medicine at the Medico-Chirurgical College of Philadelphia.

THIS patient is Mrs. L., aged 58, married; family history negative. Her own previous history is not without interest. She has been troubled with dyspepsia for the last twenty five years. Last fall she was seized with pneumonia. Prior to her attack of pneumonia she was for a considerable length of time troubled with subacute and chronic rheumatism, affecting some of the larger joints She had also been very much run down in health before being attacked by pneumonia, in consequence of having nursed a member of her family during a fatal illness; and, according to her own story, was, in all probability, then suffering from all the consequences of anæmia. Ever since the attack of pneumonia she has been greatly troubled with pain in her right side, pain that is apparently very much influenced both by movement of the arm and by pressure, but relieved, on the other hand, by absolute rest. She exhibits tenderness, as you will observe.

This condition is, of course, to be distinguished from several affections. The soreness being influenced by motion, breathing, and pressure, it might be due to pleurisy left from her pneumonia, but, on making careful examination, we failed to find anything but normal percussion and auscultatory sounds; consequently, the trouble must be more superficially seated.

There is an affection known as pleurodynia, and the history and symptoms point very strongly to that condition. There is also here a rheumatic history. Pleurodynia is an affection of the muscles of the chest, more especially of the pectoralis, serratus, and intercostal muscles, and is most marked at the points where they interlace. Just above the ribs you are very apt to have this condition present. In pleurodynia, which usually occurs in rheumatic patients, you have pain which is increased by movement and by pressure; very much relieved, on the other hand, by absolute rest. Now, that corresponds very closely to the clinical history given by this patient. Again, we meet with cases of intercostal neuralgia, and between this disease and pleurodynia it is often difficult to decide, as the points of difference are not always clear. Of course, where you have intercostal pain, followed by herpes, you put down the pain as having been intercostal neuralgia almost with certainty, especially where the pain lingers after the eruption has about disappeared. Where you have a history of rheumatism or gout, you also have a tendency to intercostal as well as other forms of neuralgia, and that is the case here. Intercostal neuralgia gives us also a tender point on pressure, usually near the sternum. In this case the point of tenderness is strictly localized, and is a little further from the sternum, perhaps, than we usually find it. We also generally have another tender point near the spine; sometimes there is additionally a spot of soreness laterally in the axillary region. Now, if this case be one of neuralgia, we should, as we usually do in these cases, have well-marked evidences of anæmia, and we find this woman is no exception in this respect. We will ask

* Reported by Andrew Hunter, M.D.

her whether she has ever suffered from neuralgia in any other portion of the body. Yes; she had it ten or twelve years ago, one day on one side of the head, and the next day on the other.

So we have here a history of neuralgia with gouty or rheumatic diathesis, occurring in an anæmic patient. Consequently, in view of these facts and in the absence of pleurisy, and with the presence of the tender point of neuralgia, the condition is probably intercostal neuralgia, and not intercostal rheumatism. In cases of intercostal rheumatism the trouble is apt to be a little further down, or in the axillary region, and more on the left than the right side; but why more frequent on the left side I do not know. Pleurodynia often occurs in the course of diseases of the chest. Notice the great difficulty in deciding, in this case, from the fact that she has had rheumatism, and that the pain is aggravated on extending the arm. Remember, however, that the pain of intercostal neuralgia is also made worse by motion, and that it exhibits a point of tenderness strictly localized. So we will regard this as a case of intercostal neuralgia rather than pleurodynia, although there is a bare possibility that we will have to change our diagnosis, and, if so, you shall be told of it.

We will treat her blood in particular, with a view of overcoming this neuralgic tendency, and we will, at the same time, relieve her pain by the use of antispasmodics. Again, salicylate of sodium, oil of eucalyptus, and other remedies that you give in rheumatism, will frequently cure neuralgia by removing the cause, when that is a rheumatic diathesis. This is a point well worth remembering. And such remedies, along with others, to improve the condition of the blood, sometimes cure the most obstinate cases of neuralgia. We will give her small doses of oil of eucalyptus (5 minims) every four hours, and at the same time quinine and arsenic, in pill form. Arsenic, when administered for the purpose of improving the blood, must be given in minute doses, $\frac{1}{30}$ grain, after meals. Quinine should always be tried where you have a pain supposed to be neuralgic in character, and should be given in full doses (at least 6 grains) three times daily. Why do I use oil of eucalyptus? It is not recommended by most text-books, but I advise it from experience; many cases of pain around the chest can be relieved in this way, more especially where they have a rheumatic, gouty, or neuralgic origin.

Cases of megrim and of facial neuralgia are sometimes cured, and that rapidly, by the administration of iron in large doses. The dried subcarbonate of iron, in ½-drachm doses, will sometimes act better in such cases than any other remedy.

ORIGINAL COMMUNICATIONS.

ARE DIFFERENTIAL FARADIC COILS OF VALUE?

By W. R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

AN experience with many forms of disease in which I have used faradic electricity has enabled me to give an affirmative answer to this question without the slightest hesitation. Electrical engineers will never agree on some points in physics any more than doctors will on therapeutics, pathology, or the usefulness of big or little doses of any particular remedy. For myself, I don't believe that any one not a natural fool can advocate the utility of homœopathic doses of any medicine; we have used enough quinia to know that 1 grain will do something in the way of an antiperiodic, but not much; it is, in such small doses, simply a tonic, and a slow one at that. When, therefore, we desire to make a decided effect on a paludal fever, we put enough into the patient to check the tendency to return of the malady, and when we succeed in doing this the end sought is attained and the sufferer is relieved, whereas, if we kept on with inefficient amounts, the medicine is wasted and the patient put to an expense for drugs and doctors which he has no right to be put to. Precisely so with electricity in my practice. I don't believe in infinitesimal doses of this form of energy—whatever it may be, or whatever its *modus operandi* is in producing the indisputable results which we obtain from it when thoroughly and scientifically employed. I give enough of it at each *séance* to do something, and that something is made evident to my senses by certain means of observation; for instance, the patient admits that he feels the current to be weak or strong, as I desire it to be felt by him; should the amount of current desired be that which cannot be measured accurately by the sense of feeling (either by myself or the

subject of administration), then I employ a suitable meter, and this instrument impartially tells me just what current is passing in each second; then, by determining the value of the current per second, and taking into account the time element also, we are thus enabled to learn the coulombs passed through the subject, so that a definite dose as to quantity, quality, and kind is administered. All failures of physicians to attain effects which can be gotten by electrical treatment under certain rules are attributable to the neglect of such precautions, or, rather, necessary methods. Now, any intelligent person who handles electric force knows, or should be aware of the fact, that there is a difference between the results secured when galvanism or induction currents are used. In the one we get not alone the ordinary stimulating effect of the current, but we may, by proper method, get a sedative reaction. This is admitted by most electro-therapeutists, yet I know of some who are disposed to deny the matter. None, however, care to deny that the polar effects are different in kind when galvanism is being used, as, for example, in treating a fibroid; we have the acids sent to one pole and the alkalies to the other, or they appear at the poles; and some authorities contend that the effect is limited to the near vicinity of the terminal electrodes, whilst others say that the current carries the salts with it in this split-up condition throughout the whole length of the circuit as it affects the living organism. In faradic applications we get almost no chemical action; I say *almost* none, not none at all. We get a little, but so little that we do not use induction currents to do electrolysis; as observed in an experiment with the fibroid, for example, we use galvanism. But a current from a dynamo will produce electrolysis admirably in a fibroid, or in the decomposition of a liquid, and yet the current from that wonderful machine is a faradic current. Now, don't be in a hurry to jump on me for making this statement. I know that all electricity, however produced, is the same. I am aware that the current in a thermopile so minute in strength as to be almost undetectable is just as much a current as a stroke of lightning. I am sure that the faradic current from a dynamo is a first-rate one to heat up the filament in an incandescent globe or in the carbons of an arc light, and just as good as would be another energized by a galvanic battery of any conceivable construction; in fact, the dynamo is the better, because it is a cheap apparatus to operate as compared with the inconstant and troublesome galvanic pile. Franklinism is only an expression of electric force, differing in certain qualities from both galvanism and faradism; induction currents produced by primary coils energized by galvanic cells are in no way different from those gotten by the revolution of coils applied closely to either permanent or electro-magnets. But we are able to get *qualities* of current, either from galvano-faradic machines or dynamo-faradic machines, at will; we may wish a high voltage under a low ampèrage, or a high ampèrage with low pressure, and there is but one way to accomplish this result—by so winding the dynamo as to give the quality of current sought. Then, again, we may vary the quality of an alternating current by the use of "converters," reducing the secondary effects or increasing them, as we desire, by the character of the coils. In electric welding the metal can be so heated as to fuse together at the contact points, yet one may with comfort hold the bar when it is two inches thick at a distance of only eighteen inches from the weld, and this is attained by employing a current of many hundred ampères, but under a pressure of only a few volts—sometimes only about thirty. On the contrary, lighting coils are invariably wound so as to give a very high pressure with little ampère quality; it is the force behind the quantity which drives the current across the gap at the points where the gas is to be ignited, or where we wish to establish the arc. I don't want to hold on to the terminals of the coils used at the Academy of Music here in the gas circuits; but I don't hesitate to handle others with hundreds of times the ampère capacity, but very little pressure behind the ampères. Why do we make this difference between these apparatus? Why don't we use one for all purposes? It is an expensive matter to maintain more than one set of switches, yet we do so. I don't mind holding on to the terminals of the incandescent circuits if there is some joint to be connected, even if the current is on for five hundred. I do most emphatically kick at letting any one turn on the current if it is the arc circuits which are being manipulated. Why? Are not both from faradic machines? Yes, I know, that is so! Things are not always what they

seem. The incandescent lamps glow no better on the arc lines than they do on the incandescence leads, but would yours truly hold on to the wiring of one with the same equanimity which animates him when he is working with these little illuminators, so much to be preferred to the flickering and nasty-smelling gas, while his attention was somewhat distracted by the coquetries of the prima donna, or the glances of the premier danseuse, did he not know for a certainty that it was the incandescent circuits that he had to contend with? I guess not! Well, now, if there is something in the *quality* of current obtained by differential winding, and it is evident to all who know the first principles of electro physics that there is, why shouldn't we, as doctors, avail ourselves of this matter? It is all well enough to say that the whole question is covered by Ohm's law,—that is not so; the law in dispute simply covers the amount of electricity passing in a given time; that is a question of current flowing *versus* resistance alone. The law does not in the least alter the character of the current, but the method of winding does. So does the rapidity of interruption, for a rapidly and finely interrupted current will prove smoother and less irritating than one from a rheotome making and breaking the circuit less frequently; and one from a very long coil of very fine wire will prove much more soothing to pain than one from a helix of shorter and coarser wire. Simple trial will convince any one of this. Try it and see. In applying the faradic current to deep-seated muscles, or to the viscera, I always use the coils of long and fine wire, *i.e.*, those of high resistance. When treating muscles for paralysis, particularly those of the superficial layers, I employ the coarser helices; this gives the effect of a slowly-interrupted galvanic current to an appreciable degree, minus its chemical power. In using any coil for its penetrating power, I place the one over the point to be reached as closely as possible and the other at a place diametrically opposite, whereas, in trying to influence superficial muscles or nerves, I keep the two on the same plane as far as convenient and more or less close to each other, thus preventing undue dispersion of force, which will occur in all applications, owing to the tendency of currents to flow in an ovoidal form,—the stronger lines of force going axially, and others in curved lines, reaching their widest distance from each other at the polar centre (so to speak.) This paper has already grown beyond its intended limits; so, any reference to cases will be deferred to another installment. In brief, my object in using one coil at one time and another at another is to avail myself of the power of currents strong in pressure to reach points directly, as above stated, and to get, so far as possible, in others the ampère quality with as little pressure as may be; this is also the reason why I use static machines sometimes in preference to the ordinary faradic apparatus. My Toepler gives an induced current of enormously high voltage, but with extremely low ampèreage, and it is therefore capable of attaining results different from any galvano-faradic coil in my possession, although I have a large lot of them. It also gives a different kind of current when the condensers are disconnected; in the latter case the flow is steady and uniform in quality, but when the jars are connected the force is stored till the difference in potential is at its highest, then the disruptive discharge equalizes the distribution in the condensers and on the plates. In the one case the interruptions, so to speak, are slow, but the voltage high; in the other the interruptions are rapid and the voltage lower, because equally diffused; the ordinary relation of the condensers is analogous to the coarse faradic coil, and the flow then is harsher, whilst the double-induced current gotten by disconnecting the condensers is precisely like that of a long and very fine faradic coil.

I have on my larger switch-board eight faradic coils of differing lengths and fineness of secondary wire; in two of them the primary also is different from the others; the highest resistance helix is of platinum wire (the secondary); the next highest is of German silver, simply because these metals give high resistance with less lengths of wire; the ordinary insulated copper will do as well if enough of it is used, and if it is wound carefully. The matter of winding solenoids is one of importance, but we cannot now go into this part of the subject; suffice it to say here, that to get a steady and uniform current the coils must be wound smoothly and firmly,—not in the usual higgledy-piggledy style; the layers should be as well arranged with reference to each other as in the spools of cotton or silk your wife (or your intended) uses for her sewing. The plan of winding in continuous layers is also of value

in producing even currents; that is, not back and forth, but all in one direction, except where it is necessary to carry the wire across in a straight line from one end of the spool to the other where you began, when a layer is finished; this line will, of course, cross the convolutions at right angles. The object of winding in this manner is this: The superimposed layers in any coil produce self-induction aside from the initial effect of the primary; if the layers are wound back and forth there is a so-called "lag" in the current, both in amount and quality, owing to the fact that the initial energy is opposed in its direction of travel, *i.e.*, the flow being in a given layer from left to right, that of the layer above and below (in the usual manner of winding) must of necessity be from right to left, or contrary; hence the so-called "extra-current" acts as a brake to a very considerable extent. By bending the wire at right angles to the cross-section of the coil when a layer is finished we cross the underlying layer with a minimum part of the winding, and then, beginning the new layer at the proximal extremity of the coil, it is evident that its action as a conductor must always coincide with all other layers, whether above or below it. Remembering, also, that the flow is reversed at each "make" and "break," the induction is much more thoroughly obtained with this method of construction than with the careless plan always followed by makers of the apparatus offered for sale; the dealers, as a rule, being ignorant of the true physics involved. Another point is, that the smoothness of interruption depends on the flexibility of the rheotome spring, combined with a carefully-wound primary, and a cell of size more than sufficient to give the ordinary current, or, in other words, to allow for polarization through the hydrogen of the electrolyte clinging to the anodes.

I have been repeatedly asked to say something about this matter by correspondents, and only to-day did I receive a letter from a gentleman far away from here; this, with the request from the Editor of the BULLETIN for a contribution, will excuse this hastily-written paper. It is to be understood that the multiplied posts of all the commercial faradic machines simply tap the same secondary wire at different points in its length; hence, the effect is no different from that obtained by pulling out the tube covering the coil or the magnetic core, as the case may be. To get perfect results, the coils must be wound, as I say, smoothly, continuously, and of differing lengths and cross-sectional area of wire in the secondaries always, and also better if varying primaries are used at times.

246 NORTH TWENTIETH STREET.

COCILLANA.

BY JOHN W. ECKFELDT, M.D.,
Lecturer on Therapeutics, Medico-Chirurgical College, Philadelphia.

AMONG the newly-introduced plants of our modern materia medica, there is none to which I can refer with more safety, and lay greater stress upon in calling the attention of the profession, than referring to the high value of the so-called cocillana; and of the few remedies that are brought to the attention of our therapeutists, none has held up its estimation equally as well, to my mind, as the preparations of this worthy drug. During the past two years, my attention was first called to give this remedy my most careful consideration, and, having had some very carefully-prepared fluid extracts placed at my disposal, I was very anxious to try their merits both physiologically and therapeutically, and, in order to do so, every effort and opportunity was embraced to select such cases wherein the value and virtues of these preparations could be thoroughly tried and tested. As the bark and its preparations are but little known to most of our medical men, it will most likely be just to point out some of the specific characters as well as the botanical history.

The source of this drug consists in the bark of an undescribed, yet, no doubt, a very well authenticated species of the genus Guarea. The plant was first brought into special notice in the year 1886, and was found to inhabit the region near the junction of the rivers Beni and Madrede Dios; also about La Paz, Bolivia, by my friend, Dr. H. H. Rusby, who, then traveling with the view of obtaining botanical and medicinal plants, brought this with his valuable collections to the botanical department of Columbia College, of New York. Here an attempt at identifying the species was made, and the conclusions were then partially arrived at, that the species belonged to the Anacardiaceæ, or, as better known, the order to which our Rhus genus properly belongs. After more careful study of the fruit, how-

ever, which was amply represented, better in fact than the inflorescence, it was decided that it was not an Anacardiaceous plant, but more strictly allied to the Meliaceæ. Hence, it now occupies its place under that genus, and for the want of better identity is considered one of the Guareas; but of what species to refer it remains a question of considerable doubt, owing to the want of proper nomenclature on this little-known genus, as well as the minute and microscopic differences of the flowers which exist, rendering it a tedious undertaking to base a clear diagnosis. The nearest conclusions in bringing this species to some shape is that suggested by Professor Britton, of Columbia College, who very justly asserts that the plant is *Guarea trichilioides*, or a neighboring genus, Sycocarpus, dedicating it to its discoverer as *Sycocarpus rusbyi*.

The tree is a large one, attaining a considerable height, averaging from thirty to forty feet, with spreading branches and a trunk measuring two to three feet in diameter. The bark is rough in the older trees, of considerable thickness, and has an ashy or gray color. The branches are inclined to assume the horizontal state, attaining a more erect angle, and are clustered with terminal leaves. The form of the leaves is properly pinnate, and are likened to those of the sumach, but larger and longer, often reaching a foot or more in length and about six inches in breadth, and having from four to eight and even ten pairs of ellipsoid or obtuse leaflets, frequently measuring five inches in length.

The flowers, which are borne on racemes, appear in the axils of the leaves, which vary considerably also in length. They are dull, greenish, small, and clustered, and somewhat sessile, with the sepals and petals in fours, stamens eight, and pistil one. The ovary is four-celled, tomentose, and cyathiform, ranging in size to that of a walnut, broad and flat at the top, and narrowing proportionately toward the attachment. Seeds three, adherent to the lateral aspect of the placental walls. The specimens of bark that were studied by me were coarse, of an ashy color, and encrusted with various forms of lichenose vegetation, upon which much of the varied color depended. The color of the inner bark-fibres was pale, and they were loosely fibrous in fracture, which is rough and spiculose. Microscopically, large sclerenchymose cells are clearly demonstrated. These diminish or nearly disappear toward the under structure, and in the bast portions they are only limitedly seen. In many other barks the bast cells are arranged in elongated series, which are only to be distinguished in this bark in transverse sections; in other terms, they are arranged in a tangential manner. Chemically, this bark has received only a passing examination. From my investigations, I am led to believe that there is no special alkaloid which can be isolated in a crystalline state, but that there is a glucoside body which is held in connection with certain resinoid and oily principles, which does not reveal, by any of the alkalies, alcohol, or chloroform, any special peculiar substance. From an evaporated, concentrated, chloroformic solution, a tenaceous, gummy, resinous matter was left, having all the peculiarities of the bark, both in taste and smell. The odor of this principle is peculiar, and I can compare it to no other bark. The taste is bitter, mawkish, somewhat astringent, and notably aromatic, not unlike that of serpentaria or asarum.

Physiologically, this drug will demand a closer study than what I have attempted to give it, clearly suggesting that it will have the power of exerting considerable energy, if given in too large quantities. From observations, I have drawn my conclusions that the drug is a very active emeto-cathartic, and is closely allied to ipecacuanha. In its native country the plant is used as an emetic, and also as a cathartic; whilst no attributes are credited to it for other indications. Esteemed as this remedy is, the natives are usually accustomed to resort to the bark for such requirements necessarily demanded by their systems, when, having indulged in irregular diet, and often scantily fed for some time, when favored by a more bounteous supply gorging themselves, necessitating active relief by some remedy which they freely have at their command. Unlike ipecacuanha, cocillana does not seem to have any tendency to excite any erythematous or pustular eruption or exudation, when applied or rubbed on the cutaneous surface. Administered by the stomach, from 30 to 60 grains, cocillana acts as an emetic, followed by the lapse of a few hours by catharsis. If given in too large doses or overdoses, the drug has the power of exciting very violent gastro-intestinal irritation, and, in some instances, as reported, death has resulted.

Being preceded by active emesis, with purging, the depression which was very noticeable was accompanied by feeble heart, a tendency to short and accelerated respiratory movements, with general relaxation of the capillaries, producing a copious transpiration. As an emetic, its action is not slow, but more rapid than that of ipecacuanha, the time required not averaging, in some cases, over fifteen minutes. In moderate and repeated doses, tolerance of the drug is not manifested, when emesis does not promptly ensue. Cocillana, when administered in moderate doses,—from 30 to 40 minims of the fluid extract, at intervals of two to four hours,—acts directly upon the broncho-pulmonary mucous membranes. It has the power of stimulating that surface, promoting a free and abundant secretion, causing the mucus to be more easily eliminated. The effect upon the cough is palliating, rendering a harsh and harassing effort at expectoration easy and mild. As a stimulant in bronchitis and pneumonia, I have had no remedy at hand in which I could trust so confidently, it even surpassing ipecacuanha and senega. This remedy, in my opinion, is better suited to the more tedious forms of pneumonia, in that class of cases which are more stubborn, and do not yield promptly to the general treatment of pneumonia. In the young, as well as the aged, cocillana acts with the same precision, rendering very satisfactory results. Cocillana is, therefore, a decided stimulant to the capillaries, confirming its expectorant qualities, as well as the tonic action, to the whole respiratory tract. In small doses cocillana does not retard the action of the stomach, but, on the contrary, adds largely to its tone, thereby improving the appetite and favoring digestion. In certain forms of atonic dyspepsia, I have found that it acts very favorably, when combined with other synergistic remedies. From prolonged use, the mouth and fauces become dry and intensely reddened, leaving a metallic taste, which kindly subsides as the other physiological effects pass away. On the bowels the action of cocillana is frequently retarded, owing, I judge, to certain idiosyncrasies of the individual. As a rule, the drug, when administered, proves to be efficacious, as a purgative, in from two to four hours, in moderate quantities of the powdered bark, and 20 to 40 grains will cause a free and easy movement, without any special symptoms, except some degree of tenesmus, giving rise to no pain whatever. The character of the alvine discharges is mucus, and they contain considerable bile. As a cathartic it can be commended, but must be used with discretion. Upon the skin transpiration is increased, but in larger doses very copious sweating, with some prostration, ensues.

I should not class this remedy with the antipyretics, as no perceptible reduction of temperature was apparent. Upon the heart the effect is somewhat depressing, with little effect upon its force. It does not seem to have any diuretic action, but imparts an odor to the urine peculiar to the drug itself. Upon the nervous system, but more particularly the cerebrum, it occasions slight dizziness; but I have attributed this solely to sympathetic influences, from its action on the stomach, no cerebral pain occurring, but a feeling of lassitude is produced.

The principal uses in which I have found this remedy to exert its most important influences are as follow: As a local application, used in the form of a spray, of a diluted solution made from a fluid extract, in acute coryza; and, in the more chronic stages, beneficial results are plainly recognized. In hay asthma, some passive results were obtained. The same impressions are likewise secured by the repeated administration of small doses, by which means the entire mucous tract is easily reached. In spasmodic laryngitis of children, carrying the dose to the point of nausea will be found not to be transient, but permanent, in the results. The most inspiring uses for this drug, however, are in bronchitis, and more particularly in the secondary stage of pneumonia. The therapeutic reports of such cases—as I have freely extended its uses—are numerous, and I am gratified to state, with much authenticity, that I have had the most promising behavior in its use in all conditions of broncho-pulmonary diseases wherein the drug has been used, and, without exception, save slight nausea, I had no cause to regret the administration of this new and valuable remedy.

Without going into further details, taking up the consideration of my clinical study of all cases that have been carefully noted, I can simply say that the results in all the cases were apparently about the same. I can, therefore, with good judgment, heartily indorse the drug as being one of the finest acquisitions to

modern materia medica. The only preparation now obtainable is the fluid extract, which is manufactured by one of our leading pharmaceutical firms. The color of the preparation is like that of sherrry wine, having a somewhat heavy, aromatic odor, and a persistent, bitter taste, imparting an agreeable flavor to the syrup with which it is combined. The usual dose is from 30 to 40 or 60 minims, given at intervals of from two to four hours, as the nature of the case may require.

SMOKING AS A MEANS OF SHORTENING THE FIRST STAGE OF LABOR.

By J. F. BIRD, M.D.,
PHILADELPHIA.

I HAVE long intended to give to the medical profession some account of my observations of the wonderful effects of the use of tobacco in promoting the dilatation of the os uteri, and thereby shortening the first stage of labor. Some twenty-five years ago, I was called to a case of labor which resisted all the usual means of bringing about the dilatation of the os. The labor was at the full term, and the pains were excessively severe and regular. At my first visit, I bled the patient to the extent of 16 ounces without the slightest effect. For the ensuing twenty-four hours I administered antimonials *ad nauseam*, with the same results. I then opened a vein in the arm, and took about as much blood, *pleno rivo*, as at first, and still no relaxation. This time I carried the bleeding as far as was consistent with safety. My next resort was to the pipe. My patient had been smoking but a short time before nausea occurred, and in twenty minutes the dilatation was complete, and the child was expelled immediately, and in good condition. This was the second labor, and the patient informed me that in her first labor she had experienced the same rigidity, notwithstanding two profuse venesections.

Since the occurrence of the foregoing case, I have resorted to the use of tobacco in very many cases. I usually have the patients smoke a good cigar; two are sometimes required. The labor should be fully established before resort is had to the smoking, and the effect is more satisfactory if the os has become slightly dilated. Many of my patients, in making the "basket" very carefully, would place in it a couple of good cigars, knowing, by experience, the magical effects of smoking in preparatory labor. Quite a number of physicians, at my suggestion, have tried the remedy, and with highly gratifying results. It may be observed that the uterine contractions are not all suspended by the smoking, whilst they are rendered perfectly and quickly efficacious.

The danger of perineal rupture is greatly lessened, in consequence of the muscular relaxation caused by the use of the remedy. Indeed, this effect is well nigh as important as the dilatation itself. In short, I know of no means of shortening the pains of labor more efficacious than smoking a cigar.

601 N. ELEVENTH STREET.

PELVIC CELLULITIS.

By E. L. B. GODFREY, A.M., M.D.,
Physician and Gynæcologist to the Cooper Hospital, Camden N. J.; Lecturer on Gynæcology at the Medico-Chirurgical College of Philadelphia.

THE interspaces between the organs and tissues within the pelvis are filled with cellular tissue. But the cellular tissue surrounding the supra-vaginal portion of the neck of the uterus, and that lying between the folds of the broad ligaments, is the seat of the cellular inflammation within the pelvis so common in women who have borne children. It is rare to examine a multipara without finding evidences of pelvic cellulitis or parametritis. Injuries incident to parturition largely account for this, and among them laceration of the cervical canal is, perhaps, the most common, occurring, as it does, in about 30 per cent. of all cases. Septic matter is carried from the injured and abraded surfaces, by means of the blood-vessels and the lymphatics, to the cellular structure, and the cellulitis that follows becomes septic in character. The Fallopian tubes are not affected, unless pelvic cellulitis is secondary to pelvic peritonitis resulting from an extension of inflammation from the tubes to the peritoneum. Primary pelvic cellulitis and inflammation of the tubes are, however, associated, in cases of a high grade of inflammation, or when both are of long standing. The frequent association of the two has led some to believe that pelvic cellulitis is an outgrowth of tubal disease, instead of resulting primarily from septic contamination from parturient injuries. When the association is present, pelvic peritonitis is the intervening link.

Pelvic cellulitis is easily recognized by means of a vaginal examination. Tenderness and hardness of the lateral uterine fornices, partial obliteration of the uterine cervix, and more or less a limitation to the natural mobility of the uterus indicate both the presence and degree of cellulitis. If the inflammatory exudation has been great, a tumor of a varying size may be found on either side of the uterine cervix, pushing the uterus in the opposite direction. If the tumor is large and extends above the superior strait of the pelvis, it may be felt through the abdominal wall. The tumor may disappear by resolution or pass into a state of suppuration, and the pus may escape through the vagina, bladder, rectum, or abdominal walls.

Pelvic cellulitis, especially when following parturition, should be early recognized. The efforts of treatment should be directed to the controlling of pain and to limiting the tendency to an exudation. Opium, for the relief of pain; counter irritants or hot applications over the uterus, and the use of the hot, antiseptic, vaginal douche for limiting the exudation; and quinine and supporting measures, if suppuration follows. Should an exudation take place, the tumor may pass away by resolution, and, if pus forms, it may find its way out through the vagina, bladder, rectum, or the abdominal walls. In the event of pus being retained, aspiration should be performed, and the operation repeated, if the sac refills. If the pus secreting character of the sac remains after aspiration has been once repeated, the introduction of a drainage-tube into the sac and flushing the sac-cavity with an antiseptic solution may be required. When the abscess cannot be reached *per vaginam*, and septicæmia threatens, laparotomy and drainage through the abdominal walls are called for.

HÆMORRHOIDS.

℞ Muriate cocaine,	. .	gr. xx.
Morph. sulph.,	. . .	gr. v.
Atrop. sulph.,	. . .	gr. iv.
Pulv. tannin,	. . .	gr. xx.
Vaselin,	. . .	℥j.
Ol. rosæ,	. . .	q. s.

M. Sig.: Apply after each evacuation of bowels. Of course, contents of bowels should be kept in soluble condition.—*Medical Mirror; Med. and Surg. Reporter.*

ABSTRACTS.

PULMONARY TUBERCULOSIS TREATED BY HYPODERMATIC INJECTIONS OF ARISTOL.

On September 15, 1891, M. Herard read before the Paris Academy of Medicine a report by Dr. Nadaud upon this subject. An abstract of it is printed as follows, in La Semaine Médicale (No. 46):—

After having observed the excellent effects of aristol upon scrofulo-tuberculous lesions, and found that aristol was perfectly innocuous in internal medication, M. Nadaud decided to make use of hypodermatic injections formulated as follows:—

Oil of sweet almonds (sterilized),	100 c.cm.
Aristol, ...	1 c.cm.

The solution should be filtered.

Nadaud's first injections were made upon a child, aged 7 years, who, after an attack of coxalgia, had developed several abscesses followed by fistulous tracts. One cubic centimetre of aristol was injected daily. After twenty-five days of treatment there was no trace of suppuration to be seen.

In consequence of this result, Dr. Nadaud decided to test the value of hypodermatic injections of aristol in the treatment of pulmonary tuberculosis.

Twenty-three patients suffering from tuberculous lesions of the lungs were successively treated by injections of aristol, without any other medication whatever.

In 7 cases the amelioration was so great as to induce the belief that complete cures had been effected. The treatment covered from twenty-five to thirty days. The amelioration has continued up to the time of this writing, *i.e.*, from three to four months.

In 5 of the 23 cases there was a prompt amelioration, but, a month after the cessation of treatment, some symptoms were developed which seemed to call for a second series of injections. Generally, the relapse was of slight importance, and the patients in this category soon resumed their habitual occupations. In no case was it necessary to make a second series of injections.

The rest of the cases are still under aristol treatment.

In concluding his paper, Dr. Nadaud said: "The effects of aristol are promptly observed usually on the sixth or seventh day of medica-

tion, and are first manifested by a diminution of the cough and a suppression of the night-sweats.

"After twenty or twenty-five days of treatment, we generally find that the patient has increased in weight.

"Aristol gives its best results in the first and second stages of pulmonary tuberculosis. The injections do not cause inflammation, irritation, abscess, eschar, or induration."

EUROPHEN.

This new antiseptic medicament, designed to replace iodoform, is obtained by the action of iodine upon isobutylorthocresol. Its pharmacology and bacteriology have been studied by Siebel, and its therapeutic action by Eichhoff.

Europhen is an amorphous, yellow powder, exhaling a slight odor resembling that of saffron. It is insoluble in water and in glycerin, and more soluble than iodoform in alcohol, ether, chloroform, and the oils. Europhen adheres better than iodoform to the skin and to open wounds, and an equal quantity of it, by weight, will cover a surface five times greater.

This iodide of isobutylorthocresol is not toxic. Dogs were found to take 2 to 3 grammes of it with impunity, and the human organism will bear 1 gramme of it without unpleasant phenomena, save a slight feeling of weight in the stomach.

The urine of patients who had absorbed europhen did not contain iodine.

Eichhoff employed it successfully in dressing both hard and soft chancres. He used it as a powder, and also in the form of a 1-per-cent. or 2 per-cent. ointment. He furthermore employed it successfully in hypodermatic injections for syphilitic patients suffering from the secondary and tertiary symptoms of syphilis. These injections consisted of 1 gramme of europhen to 100 grammes of olive-oil, and of this ½ to 1 cubic centimetre was injected daily in 1 dose. Eichhoff also employed europhen in varicose ulcer and ulcerative lupus, as well as in eczema, psoriasis, and favus, in all of which it proved to be efficacious.

Ointments containing 1 per cent. to 2 per cent. of europhen are as strong as need be used. Five-per-cent. ointments caused a certain amount of irritation.—*La Semaine Médicale*, July 29, 1891; *Repertoire de Pharmacie*, August 10, 1891.

CONTRIBUTION TO A KNOWLEDGE OF THE THYROID GLAND.

Prof. O. Langendorff, of Königsberg, details (Du-Bois Reymond's Archiv f. Physiol.) the results of his histological examinations of thyroid glands taken from recently-killed calves and young dogs. Young animals were selected as of more value for the estimation of purely physiological relations. The author draws the following deductions in reference to the functions, so long an enigma, of this organ:—

The thyroid body presents the appearance and structure of a gland, yet lacks an excretory duct. The gland consists of follicles which possess an epithelial wall and contain colloid masses. The wide lymph-spaces are more or less filled with the same colloid material. The cubical or cylindrical epithelium displays already in the youthful state, in addition to the formative protoplasmic elements, cells with colloid contents. The blood-supply of the gland is extremely rich. The capillaries, expanding into wide diverticula, are in close relation with the epithelium, from which they are only separated by their walls. The secreted product is a colloid substance. The work of secretion is performed by the epithelial cells. The colloid cells represent the functional activity of the secreting epithelium. They are derived from colloid metamorphosis of the contents of the protoplasmic cells, and the material which they contain is stored up in the intra-follicular spaces, the cells themselves presumably having perished. The secreted material is collected in the follicular spaces. Thence it finds its way into the lymph-spaces of the gland, the more readily since the epithelium in some places is destroyed. A further removal of colloid material by the efferent lymph-vessel, or the blood, may take place, though this is not probable. The author is of opinion that, in all probability, the secreted material is retained in the follicular cavities and lymph-spaces of the gland itself. By its own gradual loss of water, atrophy of the epithelium, and the generation of new follicles from existent formative material, additional space for the reception of fresh secretion is constantly being acquired.

The thyroid gland, consequently, instead of being classed with other glands of uncertain but probably of an entirely different sort of function, should be looked upon as a "supply-gland," the office of which may be to cleanse

the blood of useless or even harmful material. —*Deutsche Med. Zeitung*, September 17, 1891.

A CONTRIBUTION TO THE STUDY OF THE PUERPERAL PSYCHOSES, ESPECIALLY THOSE FOLLOWING ECLAMPSIA.

In a paper with the above title, R. Olshausen (Zeitschr. f. Geburtsch. u. Gynækol., Bd. xxi, '91) divides puerperal alienation into the following three classes:—

1. Infectious psychoses, which are directly dependent upon some febrile puerperal affection. Most of these are produced by puerperal pyæmia and ulcerative endocarditis, a less number by the pure so-called septicæmia, which allies itself with an acute psychosis. The pyæmic form, when it excites psychoses, operates through a process of meningitis or encephalitis, but especially through capillary emboli.

2. Idiopathic psychoses, unaccompanied by lesion or febrile affection. This class principally includes the alienations of pregnancy, lactation, and the puerperal period, which are to be attributed chiefly to waste of force from loss of blood, etc.

3. Intoxication psychoses following eclampsia, or, exceptionally, due to uræmia without eclampsia. In 525 cases of eclampsia there occurred 31 of psychoses, or about 6 per cent. In 200 consecutive cases of eclampsia observed in five and one-fourth years at the Berlin Clinic for Diseases of Women, mental disease followed in 11 cases. In several the development of the psychoses was preceded by a prolonged coma. The respective cases of alienation were not always connected with the severest forms of eclampsia. The psychoses nearly always began, in the first days of the puerperal period, with hallucinations (illusions of sight and hearing). In 2 cases the affection assumed the form of melancholy, and in 2 cases that of delirium. In most instances the disease takes the form of delusional insanity, but is marked by an unusually rapid termination in recovery. It is of symptomatic importance to note that in a number of cases the temperature and pulse, irrespective of any conditions in the labor, reach an unusual height (102.9°, 160 beats).

The most effective remedy was chloral, given by enema, in the daily dose of 30 to 60 grains.—*Deutsche Med. Zeitung*, September 3, 1891.

THE RELATIONS OF THE THYROID GLAND AND MAMMARY GLAND TO PREGNANCY AND UTERINE DISEASE.

Dr. Hermann W. Freund says (D. Zeitschr. f. Chir.) that in former investigations he had demonstrated (1) that enlargement of the thyroid gland is a constant manifestation in pregnancy; (2) that during the act of parturition the organ experiences an increase of size, which begins to subside in the course of twelve to twenty-four hours; (3) that a swelling may take place during pregnancy, though this is not always the case.

The effect is produced through the influence of the nervous system and also of the circulation. On account, however, of the marked transformations in the constitution and functions of the body which occur during pregnancy, and which render it impossible to form exact representations, Dr. Freund undertook to examine the influence of uterine fibro-myomata, with which the circulatory system so early and powerfully sympathizes. He was able to determine that permanent enlargement of the thyroid occurred in 44 cases. In some the swelling was so prominent that it led the patients to seek medical advice when examination revealed the presence of myomata. The enlargement was lasting, remained after the performance of myotomy or castration, and upon section was demonstrated to be due to parenchymatous hypertrophy. It consequently follows that the thyroid gland is permanently enlarged by energetic and continued irritation affecting the uterine muscle. In 25 cases, besides the augmentation of the thyroid, colostrum was found in the breasts. Freund next endeavored to discover whether a direct nervous relationship existed between the mammary glands and the genitalia, but was unable to perceive in a single case of intra-uterine galvanization (on account of myomata) any increase of size or secretion in the breasts. On the other hand, he could, by the long-continued influence of electricity upon the breasts, excite contraction of the pregnant uterus. He was able, in fact, to utilize this method for the production of labor pains. It is, therefore, manifest that a connection between the breasts and the female genitalia through nervous channels can be affirmed. The action, however, is not usual. The relations of the thyroid and mammary glands to pregnancy and diseases of women are due far less to the nervous system

than to the circulation.—*Deutsche Med. Zeitung*, September 17, 1891.

A CASE OF ACCESSORY THYROID GLAND.

A girl 18 years of age, who generally enjoyed good health, had complained, ever since an attack of whooping-cough, in her twelfth year, of a feeling of fullness and pressure in her throat. Upon a laryngoscopical examination there was seen at the base of the tongue, upon the left side, a tumor of hard, solid consistence, extending almost to the middle line, and becoming lost toward the middle of the epiglottis. Under the use of iodide of potassium some improvement seemed to take place at first, but soon the tumor began to grow afresh, and the act of swallowing became quite difficult. After a prophylactic tracheotomy had been performed, both lingual arteries were ligated and the jaw-bone sawn through after the manner of Langenbeck, exposing the tongue so that the tumor could be, though with difficulty, entirely removed. The wound healed favorably, and nourishment was introduced for some time through an elastic catheter.

The tumor was found to be an accessory thyroid gland. Such a development in the muscular structure of the tongue is certainly a rare occurrence.—*Deutsche Med. Zeitung*, September 17, 1891.

SELF TREATMENT FOR A LARGE GOITRE.

Dr. C. Kauffmann, of Zürich, relates the following case: A patient, 57 years of age, had had a small goitre from childhood, but had observed that during the past two years it had enlarged rapidly without any obvious cause. Breathing and swallowing soon became difficult, and increasing weakness obliged the man to give up his occupation—that of a smith. Since the history of the case and examination of the growth suggested malignancy, an operation was not advised, and the patient was dismissed to his home with some arsenic and iron drops as a placebo. Upon his arrival the man, who looked upon himself as lost, began to treat himself with hot poultices made of bread and flaxseed. This plan he continued for five weeks, with the result that the swelling gradually grew softer, and the skin covering it became thin and tense and finally broke. From this time the tumor was squeezed out every day, an abundance of pus, together with shreds of tissue, escaping until no more contents could be expressed. Finally, the tumor shrank until it was merely a small protuberance, and a trifling fistula remained, from which a slight secretion issued.

Without considering the accuracy of the diagnosis which pointed to a malignant growth, the fact remains that a large, solid goitre was, comparatively speaking, cured by means of the treatment described.—*Deutsche Med. Zeitung*, September 17, 1891.

THE CAUSE OF DEATH AFTER BURNS.

Dr. J. Salvioli, assistant in the Pathological Laboratory of the University of Turin, in the study of this subject, has observed that when the mesentery of living animals is exposed to the influence of heat a deposition of blood-plaques took place upon the walls of the blood-vessels. Under favorable conditions of the circulation these thrombi are detached and transformed into embolic plugs. Furthermore, an alteration of the vessels themselves, as well as a certain change in the form of the red blood-corpuscles, occurs, whereby the latter, though forming thrombi, adhere to each other in a peculiar manner. A calculation of the blood-elements demonstrates that a burn causes considerable decrease of the blood-plaques and an increase of the red corpuscles.

The usual effect of a scald consists in a marked decrease of the blood-pressure. This, as the author has experimentally ascertained, is not produced by reflex nervous influence, but through obstruction of the pulmonary vessels by thrombi composed of blood-plaques. As a proof that the appearances described do, in fact, depend exclusively upon the presence of blood-plaques, the writer injected defibrinated blood into the carotid of a dog after about half the original blood had been removed. The blood at this time contained scarcely any plaques. After a scald no thrombi formed at the injured spot, and, as a consequence, no embolic plugs arose. This fact is given as the result of direct observation.—*Deutsche Med. Zeitung*, September 21, 1891.

RARE COMPLICATIONS OF TYPHOID FEVER.

Dr. v. Kieseritzky (in the St. Petersburg Med. Wochenschrift) describes a case which developed immediately after an entirely normal lying-in, and was remarkable in the first place

for the long duration of the fever (forty-one days). Again, in the second week there occurred a diffuse, measles-like eruption of fine spots, accompanied by œdema of the eyelids and lips. After a gradual fading of the rash the skin appeared of a mottled, grayish-yellow color. While this is one of the rarest complications of the disease, the others (angina, intestinal hæmorrhage, thrombosis of the femoral vein) observed are common, and deserve mention only on account of their association in the same case.—*Deutsche Med. Zeitung*, September 24, 1891.

A RARE ANOMALY OF THE PANCREAS.

Professor Genersich, of Klausenburg, found, in the body of a man 37 years old, that the head of the pancreas, which had been perceptible to the touch through the abdominal wall, formed a narrow ring of glandular substance around the duodenum. The tube was at this place distinctly narrowed, while above it was dilated almost to the size of the large intestine. The stomach was also somewhat dilated and the muscular coat of both organs was hypertrophied. The abnormal ring around the duodenum possessed its own arterial and venous twigs. This anomaly is of a certain practical significance, because, in the first place, it may be the origin of a dilatation of the stomach, and, in the second, because the enlarged head of the pancreas may be mistaken for a tumor, especially for a cancer of the pylorus.—*Deutsche Med. Zeit.*, September 24, 1891.

DO CHLORAL HYDRATE AND BROMOFORM CAUSE FATTY DEGENERATION?

At a meeting of the Association of Naturalists and Physicians of the Lower Rhine, held at Bonn, January 19, 1891, Herr Ungar spoke of the investigations of two of his students, cand. med. Wolff and cand. med. Gerhardi. The experiments, to be fully reported in their inaugural dissertations, were performed upon dogs, cats, rabbits, and guinea-pigs. It was ascertained that bromoform especially was an agent capable of producing extreme fatty degeneration. The same as after a frequent use of chloroform during a long period, a fatty degeneration of the most various organs and tissues ensues, and, finally, the death of the animals which were the subject of the experiments. Just as after the prolonged use of chloroform the degeneration principally affected dogs and cats, and less strongly rabbits. It is not very well marked in guinea-pigs, perhaps because these animals are killed so soon by comparatively small doses that the degenerative changes have not time to develop.

In the results of these experiments Ungar sees a further confirmation of the opinion which he had already expressed, that the fatty degeneration caused by chloroform results from the action of the liberated chlorine, and that chlorine plays a part similar to that of iodine, to which, as Binz has shown, the fatty degeneration of iodoform intoxication is due.

Already the demonstration of Villach, that chloralformamid also may occasion fatty degeneration, had made it probable that the genesis of this alteration should be referred to chlorine. The proof that chloral hydrate may also lead to the same consequence is still more favorable to that belief. The fatty degeneration engendered by bromoform likewise testifies to the action upon the organism of liberated bromine. The three halogen bodies—chlorine, iodine, and bromine—agree in the ability to produce this change.

In the discussion Herr Binz spoke of the manner in which, from a chemical point of view, acute fatty degeneration may be produced. The substances by which it is principally and most surely caused are phosphorus, arsenic, the nitrites, chlorine, bromine, and iodine, and certain combinations of those elements. During the process nitrogen and oxygen, especially in the form of urea, appear in increased quantities in the urine, while a combination containing no nitrogen and but little oxygen, viz., fat, remains behind in place of the cell-contents. These facts are adapted to refer the origin of fatty degeneration to a purely chemical action.—*Deutsche Med. Zeitung*, September 17 1891.

THE TRANSFORMATION OF BROMOFORM IN WARM BLOODED ANIMALS.

In a doctoral thesis, inspired by Stokvis, which lately appeared, "On the Decomposition of Iodine and Bromine Combinations in Animal Bodies," the author, S. Monnikendam, of Amsterdam, opposes the experiments and deductions of Issersohn, Zell, and particularly of Binz. The value of these antagonistic arguments has been put to the test by Binz in the case of one substance as a preliminary, and he

has already published his results in order not to appear by silence to yield to opposing criticism. Monnikendam, after the subcutaneous injections of 1 gramme of bromoform, which caused death in twenty-four hours, was unable to detect any bromide in the urine. Binz repeated this experiment many times with the same large dose and the same result. Nevertheless, by "bromoformizing," *i.e.*, holding before the face a cloth moistened with bromoform, as well as by repeated subcutaneous injection of very small doses, so that the animal remained alive for two or three days, he succeeded in demonstrating every time the presence of bromine in the urine. Binz, therefore, concludes that in the investigations of Monnikendam, the length of the experiment was too short to allow elimination of a bromide. Monnikendam himself mentions that after the administration of the bromide of sodium bromine was unmistakably found in the urine after the lapse of thirteen days. The absorption and decomposition of the insoluble bromoform must be more tardy.—*Deutsche Med. Zeitung*, September 14, 1891.

FRIEDRICH'S ATAXIA: ITS RELATION TO THE CONDUCTING PATHS IN THE SPINAL CORD.

At the Congress of American Physicians and Surgeons, Dr. David Inglis, of Detroit, read a paper upon the above subject before the American Neurological Association:—

He reports in brief a case of Friedrich's ataxia in a boy of 6 years of age, in which the symptoms conformed accurately to Friedrich's own summary of the characters of the disease, viz.: "Impairment in the combination and harmony of movements developing gradually and spreading from the lower to the upper half of the body, and always involving finally the organs of speech; sensibility and the functions of the special senses and of the brain being intact; paralysis of the sphincters and trophic disturbances are absent; less common phenomena are curvature of the spine, sensations of vertigo, and nystagmus. From a clinical point of view we must regard the disease as a progressive paralysis of the faculty of combination of movements."

A review of the 13 recorded autopsies shows a practical agreement that the pathological condition underlying the disease consists in a progressive sclerosis which always affects the column of Goll, the column of Burdach also, but not so completely, the direct cerebellar tracts with Clarke's column in most cases, and the crossed pyramidal tract in some cases, but the sclerosis is here not so intense. We have to deal with a disease of the tracts which degenerate upward, which are usually looked upon as centripetal and as conveying sensory impulses.

The author contends that the symptoms of Friedrich's ataxia afford a demonstration that these tracts do not convey sensory impulses upward, for sensation is not impaired, but that they are the main tracts for the conveyance of co-ordinated motor impulses downward; that their anatomical relations with the medulla, cerebellum, and mid-brain, as well as the facts of Friedrich's disease, agree in showing them to act in co-ordinating motor impulses of the mid brain, cerebellum, and higher and lower levels of the cord.

The facts of embryology strengthen this theory; at the end of the fœtal life, at a time when the pyramidal tracts are undeveloped, the posterior columns and direct cerebellar tracts are complete. Their function evidently begins at once after birth. When we remember that the new born infant is characterized, not by voluntary control of its muscles, not by accuracy of sense perception, but by an extensive co-ordination of involuntary motor functions, the conclusion is easy that these, the only tracts fully developed at birth, subserve these purposes.

The direction of Wallerian degeneration is not necessarily the same as the direction of normal physiological impulses in any given nerve-tract.

PERI-UTERINE INFLAMMATION.

Brooks Welles, M.D. (Med. and Surg. Rep., July 4, 1891), in a clinical lecture at the New York Polyclinic, says of the treatment of this condition that the importance of maintaining the general nutrition at as high a plane as possible must not be lost sight of, and local complicating lesions, such as hyperplastic endometritis, must receive appropriate attention. A point which he insists upon is the avoidance of frequent or unnecessary local examinations, or any manipulations beyond such as are necessary at infrequent intervals to determine the progress of the case. These patients should be warned against frequent sexual intercourse, which in some instances should be avoided

altogether, and against lifting anything heavy and the wearing of tight clothing or corsets. He urges the medical attendant not to be too anxious to perform laparotomy, which, though more brilliant than a conservative plan of treatment, is often anything but satisfactory to the patient, and, though this treatment may be long and tedious, it is often, in the long run, more satisfactory, and will reflect more credit. If improvement does not occur, however, after a time, and the patient continues to suffer severe pain and has recurrent attacks of local peritonitis, a radical operation may be advised. It is the experience of the speaker that many patients who suffer pain from adherent appendages do not get the relief expected from their removal, owing to the formation of adhesions of coils of intestines, etc., to the raw surfaces left after peeling the tubes loose.

An important lesson taught by the study of peri-uterine inflammation is that we should always observe perfect asepsis in dealing with the female pelvic organs. In incomplete abortion especially, all remnants should be immediately removed from the uterine cavity.

Be patient and persistent in treating obscure tubal troubles and do not be in a hurry to advise laparotomy.—*Arch. of Gynæcology.*

PASSAGE OF THE BACILLUS OF TUBERCULOSIS FROM THE MOTHER TO THE FŒTUS.

Birch Hirschfeld and Schmorl (Beitrage zur Path. anat. und zur allg. Path.—British Med. Jour.) have put on record a case which they claim is the first in which it has been definitely proved that in the human subject tubercle bacilli pass from the mother to the fœtus. The patient was a young woman who, shortly after the commencement of her first pregnancy, began to show signs of phthisis; these gradually became more marked, and she succumbed at the seventh month of her pregnancy. Immediately after the death of the mother the fœtus was removed by Cæsarean section. The necropsy on the mother showed abundant evidence of phthisis; not only in the lungs, but in other organs, tuberculosis was detected. Although the fœtus had been alive shortly before the death of the mother, it was dead when it was removed. The chest was at once opened, but there was nothing noteworthy about the lungs. The fœtus was then taken to the laboratory, the surface of the abdomen was washed with perchloride of mercury, and the cavity was opened with sterilized knives. No tubercles could be seen on any of the organs. Minute pieces of the liver, the spleen, and the kidney were placed in the abdominal cavity of two guinea-pigs and a rabbit, with all antiseptic precautions. One of the guinea-pigs died in fourteen days, and tubercles were found in the different parts of the abdominal cavity. The second one was killed about six weeks after inoculation, as it was clearly ill, and many tubercles were found in the peritoneal cavity. The rabbit lived three months; on its death many tubercles were found in the liver and the lung. Tubercle bacilli were found in the umbilical cord and the blood of the umbilical vein.—*Canada Lancet; Weekly Med. Review.*

THERAPEUTIC NOTES.

In order to prevent any irritation from the use of subcutaneous injections of ergotin, Biedert recommends the following formula, which has the further advantage that the mixture keeps for a long time:—

℞ Ergotin., ... 1.
Aq. destill., ... 5.
Acid. carbol. cryst., . . 0.01.—M.

—*Deutsche Med. Wochenschr.*, September 10, 1891.

SULPHO RICINIC ACID.

In reference to this substance Berlioz has published an interesting investigation. He has determined its toxicity for animals at 0 227 per kilogramme. It causes death rapidly when injected into the veins, pleura, or peritoneum. Pencilled or rubbed upon the skin, it excites but little reaction, while injection under the skin produces a scab, and a deeper injection only an extended hardness. The sulpho-ricinate of sodium is antiseptic and deodorizing. A 10-per-cent. solution mixed with five or six times its weight of very fetid pus and exposed to a heat of 37° C. (98.6° F.) soon entirely loses its odor. Berlioz believes that this agent must yield good results in the treatment of diphtheria and ozæna. Ruault adds that nothing is better in ozæna than naphthol dissolved in sulpho-ricinic acid. In the treatment of diphtheria a solution of carbolic acid in sulpho-ricinic acid is recommended.—*Deutsche Med. Zeitung*, September 24, 1891.

TREATMENT OF ERYTHEMA OF THE EYELID.

Brocq, in the Revue d'Ophthalmologie, states that he employs the following ointment in the treatment of erythema and swelling of the eyelids:—

℞ Salicylic acid, . . 7 grains.
Lactic acid, . . 7 "
Resorcin, . . . 10 "
Oxide of zinc, . . 30 "
Pure vaselin, . . 5 drachms.

Care should be taken that none of this ointment enters the eye.

In other cases the following ointment may be applied:—

℞ Salicylic acid, . . 15 grains.
Pyrogallic acid, . . 30 "
Vaselin, ... 15 drachms.

This treatment to be applied at night, and it may be alternated with that containing resorcin just given.—*L'Union Médicale; Med. News.*

INJECTION FOR TUBERCULAR DIARRHŒA.

℞ Olive-oil, ... 6 drachms.
Guaiacol, . . . 10 drops.
Water, . . . 8 ounces.
One yelk of an egg.

This injection is recommended for cases of tubercular diarrhœa.—*Journal de Médecine de Paris; Med. News.*

AMENORRHŒA.

The following is recommended as a reliable emmenagogue in many cases of functional amenorrhœa:—

℞ Bichloride of mercury,
Arsenite of sodium, āā gr. iij.
Sulphate of strychnine, . . gr. iss.
Carbonate of potassium,
Sulphate of iron, . . āā gr. xlv.

Mix and divide into 60 pills.

Sig.: One pill after each meal.—*Revue de Médico-Chirurgicale des Maladies des Femmes; Times and Register.*

RHEUM IN CASE OF OXYURIS VERMICULARIS.

Martin recommends the following:—

℞ Tinct. rhei., . gtt. 30.
Magn. carb., . grams. 0.2 (gr. iij).
Tinct. zingib., . gtt. 1.
Aq. destil., . grams. 12.0 (℥iij).

Sufficient for one dose.

Sig.: Three to four times daily.—*Les Nouveaux Remides*, 3, 1891; *Cincinnati Med. Journ.*

SAMBUCUS AS A DIURETIC.

Lemoine has employed elder-bark as a diuretic with such favorable results that he thinks this long-unused remedy worthy of further trial. A good handful of the fresh, next to the outer layer of the bark, is added to a litre of water, which is boiled down to a fourth. Sugar and peppermint-essence are added. This amount suffices for twenty-four hours. In some cases the amount of urine increased from 400 c.cm. to 2000 or 3500 c.cm. At the same time the bowels become somewhat loose; otherwise, no disagreeable action was noted.—*Centralblatt für Klin. Med.; Cincinnati Med. Journal.*

DISGUISE FOR CODLIVER-OIL.

A mixture of equal parts of codliver-oil and lime-water is said to be nearly tasteless, but it may be made more palatable by the addition of an aromatic syrup.—*Med. and Surg. Reporter.*

THE PHYSIOLOGICAL PROPERTIES OF MALE FERN.

The physiological properties of the ethereal extract of male fern have recently been investigated by MM. Prevost and Binet, of the University of Geneva, who find that grave results seldom follow even large doses introduced into the stomach of man and warm-blooded animals, in consequence of the slowness with which the drug is absorbed, but that hypodermatic and still more intra-peritoneal injections kill animals by paralyzing the heart and respiration. The most prominent symptoms are paralysis and early rigidity of the voluntary and involuntary muscles, preceded by vomiting, dyspnœa,, shivering, and cold. The chief cause of death is paralysis of the heart, which is found immediately afterward firmly contracted in systole and incapable of responding to stimuli. The vagus does not lose its inhibitory power until just before death. A great loss of vermiform movements is observed in the intestine in the case of the rabbit, the rat, the guinea-pig, and the pigeon. When the drug is applied to the conjunctiva the sensibility of the cornea is diminished, and subsequently arrested without any change being observed in the pupil. In cold-blooded animals the central nervous system is quickly paralyzed. There would seem to be a special action on the protoplasm which causes the muscular and other changes observed.—*Lancet.*

ATROPINE IN PARALYSIS AGITANS.

Moretti, of Rome, proceeding from the presumption that paralysis agitans is in reality not a paralysis, but a spasm, administered atropine subcutaneously in this disease. He began with ¼ milligramme (1/160 gr.) and went up finally to 2 milligrammes (1/23 gr.), given in two doses. The results he claims are better than those obtained by any other method (which must be said are very slight.—Translator.).—*Norsk Mag. for Langevidenskaben*, No. 6, 1891; *Cincinnati Med. Journ.*

IODOGLYCERIN FOR HÆMORRHOIDS.

Preismann, of Odessa, used a preparation similar to that employed in pharyngeal affections. He begins with a weak and proceeds to a stronger solution, which are respectively as follow:—

℞ Potass. hydroid., . 2.0 (gr. xxx).
Iodin. pur., . . 0.2 (♏ iij).
Glycerin., . . . 35.0 (f℥ iss).

℞ Potass. hydroid, . 5.0 (℥ iss).
Iodin. pur., . . 1.0 (gr. xv).
Glycerin., . . . 35.0 (℥ j).

Sig.: Apply locally with a piece of cotton every hour.—*Wiener Med. Presse; Cincinnati Med. Journ.*

QUININE IN WOUNDS.

Dr. Sokoloff has made some experiments on the effect of quinine on the granulation and cicatrization of wounds, when administered to wounded animals, and found that the drug tended to prevent degeneration and inflammation.—*Internat. Journ. of Surgery.*

TREATMENT FOR FRECKLES.

A writer in the Lyon Médical advocated the following:—

℞ Ammonii muriat., . . . 4
Acidi muriatic. dil., . . 5
Glycerini, ... 30
Lactis virginal, ... 50

M. Sig.: The freckles are touched twice daily with a small brush dipped in the above.—*Times and Register.*

ANTISEPTIC INHALANT.

℞ Eucalyptol,
Oil of turpentine,
Creasote, . . . āā ℥iij.
Iodoform, ... gr. vij.
Ether, ... ♏lxxv.

M. To be used in an inhaler.—*Ex.; The Prescription.*

REMOVAL OF SCALES.

A 10-per-cent. solution of chloral is recommended for the removal of scales, and in order to prevent falling of the hair.—*Deutsche Med. Wochenschr.*

DIPHTHERIA.

I. W. Kuznecow recommends menthol and naphthaline in the treatment of diphtheria. He prescribes:—

℞ Mentholi, ... 3.75 (℥j).
Alcohol q. s. ad sol. et adde,
Solut. naphthalini, . . 3.75 (℥j).
Ol. terebinthin., . . . 7.5 (℥ij).
Glycerini, ... 7.5 (℥ij).

M. Sig.: Shake well, and paint parts twice to thrice daily.

Internally he uses antipyrin and sodium benzoate in peppermint-water, and, as a gargle, aqua calcis. This treatment must be continued two to three days. The patients feel, on using above remedy, at first a slight burning, then a sense of cold in the throat, which feeling is soon followed by great relief on breathing.—*Allg. Mediz. Central Zeitung; Times and Register.*

THE TREATMENT OF DIPHTHERIA.

Loeffler recommends the following gargle in the treatment of diphtheria:—

℞ Carbolic acid, . . . 15 drops.
Alcohol, ... 2 ounces.
Distilled water, . . . 5 ounces.

This should be used as a gargle.

In other cases a solution of 1 to 1000 of corrosive sublimate can be used in the same manner, or the following antiseptic mixture, which is not poisonous, may be employed:—

℞ Thymol, . . . 15 grains.
Alcohol, . . . 3 ounces.
Water, ... 12 ounces.

It is stated that the gargle of corrosive sublimate acts generally more favorably than does that containing carbolic acid.—*Med. News.*

HYDROGEN PEROXIDE IN WHOOPING-COUGH.

Richardson (Asclepiad) uses the following formula:—

℞ Hydrogen peroxide (10 vols.), . ℥vj.
Glycerin, ... ℥iv.
Water, ... ad ℥iij.

Dose: Half a fluidounce, in a wineglassful of water, five or six times a day.

The author thinks that the peroxide acts like nitric acid, but with more effect, subduing

the paroxysms, checking the secretion in the throat, and shortening the course of the disease.—*Ex.; The Prescription.*

CREOLIN IN ACUTE GASTRO-ENTERITIS.

Schwinz has employed this drug with success in the following formula:—

℞ Creolin., ... ♏iij.
Syr. althæa, ... f℥v.
Aquæ cinnamonii, q. s. ad f℥iij.

M. Sig.: To a very young child, a small teaspoonful hourly. To older children the drug may be given in a powder.

℞ Creolin., ... ♏xv.
Sacchari alb., ... gr. lxxv.

M. Divide in chart. no. x.

Sig.: One or two powders daily.—*Wiener Med. Wochenschrift; The Prescription.*

TREATMENT OF GASTRIC CATARRH.

Dr. Contaret (L'Union Médicale):—

Take of pure sulphuric acid by weight . ℥vij.
Take of pure nitric acid by weight, . . ℥ij.
Mix and add very gradually rectified spirit, ... ℥vss.

This should be kept for eight or ten months to mature before use. Then, 20 drops should be taken in a half-glass of claret, water, or beer after each meal. The elixir would consist chiefly of sulphovinic acid, with probably some hyponitric æther.—*Prov. Med. Journ.*

FOR ASTHMA.

A medical friend advises the following formula, which I have found useful. I do not remember to have seen it in the text-books:—

℞ Pot. iodidii, ... ℥ij.
Fld. ext. grindelia robusta, ℥ij.
Fld. ext. belladonna, . . gr. xxv.
Tr. gelsemium, ... gr. xl.
Aquæ, ... ℥j.
Elix. simpl., ... ad ℥iij.

M. Sig.: One and a half teaspoonfuls every two or three hours until three doses are taken.

Usually by the time the third dose is taken the tightness of breathing is gone.—C. S. Gray, M.D., Little Rock, in *Journ. State Med. Society of Arkansas.*

REMEDY AGAINST CHILBLAINS.

A very effectual treatment of chilblains consists in rubbing the parts twice daily with:—

℞ Baume de fioraventi, . . 100 grammes.
Acidi hydrochlorici dil., . 15 "

—*Journal des Maladies Cutanées; Med. and Surg. Reporter.*

PRESCRIPTION FOR WHOOPING COUGH.

Von Genser is said to use the following prescription in the treatment of whooping-cough:—

℞ Carbolic acid, . . 1½ grains.
Rectified spirit, . . 2 drops.
Tinct. of iodine, . . 5 "
Tinct. of belladonna, . 10 "
Peppermint-water, . . 2 ounces.
Simple syrup, . . . 1 drachm.

To a child of 2 years a teaspoonful of this mixture may be given every two hours.—*Med. News.*

GUNPOWDER STAINS.

Gunpowder stains of the face may be removed by painting with biniodide of ammonium and distilled water, equal parts; then with dilute hydrochloric acid, to reach the tissues more deeply affected.—*Coll. and Clin. Record.*

SANDAL-OIL FOR COUGH.

Curtin finds that sandalwood-oil often gives relief to the cough in phthisis, catarrhal pneumonia, chronic bronchitis with asthma, and influenza. It is given on sugar or floated on water.—*Amer. Pract. and News.*

THERAPEUTIC APPLICATION OF CYANIDE OF GOLD.

Cyanide of gold is a yellowish, crystalline powder, without taste, insoluble in water, alcohol, and ether. It has been given for the cure of scrofula, phthisis, and amenorrhœa, in the following formula, by Oesterlen. The dose is from $\frac{1}{60}$ to $\frac{1}{10}$ grain:—

℞ Cyanide of gold, . . . gr. ij.
Chocolate, ... ℥iss.

Make into twenty-five powders, and give from two to four each day.—*La Médecine Moderne; The Prescription.*

WHOOPING COUGH.

The following treatment is used very largely by certain leading specialists in diseases of children in Paris. The treatment is divided into three periods. The patient should remain in one room or in bed. The following prescription is given:—

℞ Tincture of aconite,
Tincture of belladonna,
Camphorated tinct. opium, āā ℥j.

M. Sig.: Two to five drops once or twice a day, according to the age of the child.

If there is no febrile movement the amount of aconite may be much decreased, and if

constipation is present the opium should not be used, In the second period, or when vomiting comes on, ipecac may be given in small amounts to allay gastric irritation; and in the third period, when convalescence is established, codliver-oil, tonics, and Fowler's solution will be found of service.—*Medical News.*

FERRATED CODLIVER OIL.

C. Neuss, in the Pharmaceutische Zeitschrift für Russland, recommends the following process for ferrated codliver-oil:—

℞ Codliver-oil, . . . 20 parts.
Alcohol of 90 per cent., . 15 "
Liquor potassæ (s. g., 1.129 to 1.130), . . . 33 "

Mix and saponify by the aid of heat, in a spacious vessel of iron or enameled ware, stirring continuously. Then add:

℞ Liquor ferri perchloridi, . 27 parts;
Water, ... 50 "

and continue the heat and agitation until the iron soap is precipitated in the shape of a brown mass. Let cool, and, after carefully decanting the aqueous liquid so far as possible, and, if necessary, evaporating all watery residue, add to the iron soap five times its volume of codliver-oil, and again raise the temperature until the soap is entirely dissolved. Add codliver-oil sufficient to bring the whole up to 270 parts. The product is a ferrated codliver-oil containing 1 per cent. of iron, of a pleasant flavor, and of a fine Malaga-brown color. It keeps well.

ZINC SULPHYDRATE AS A DERMATIC.

Zinc sulphydrate is a white precipitate—$Zn(SH)_2$—which must be preserved under water, as it is prone to decompose in the dry state. It was employed by Barduzzi, internally as well as externally, in chronic eczemas, psoriasis, and vegeto-parasitic dermatoses, with favorable results. According to Barduzzi, the desirable action of this salt is based on the sulphur being made absorbable, and its irritating properties being lessened. For its administration he gives the following formulas:—

INTERNAL.

℞ Zinc sulphydrate, washed,
0.5 gramme (7½ gr.).
Extract gentian, . q.s. 50 pills.

Sig.: Three to twelve pills daily.

EXTERNAL.

℞ Zinc sulphydrate, . 5.0 grammes (3 1¼).
Lanolin, . . . 20.0 grammes (3 v).
Lard, . . . 30.0 grammes (3 7½).

Sig.: Make ointment.

—*Merck's Bulletin.*

TREATMENT OF RHUS POISONING WITH IPECAC.

Dr. W. S. Gilmore, of Sorgho, Ky. (in Country Doctor), recommends the following with confidence, having used it for six years without a failure:—

℞ Ipecac. pulv., . . . ℥iij.
Aquæ, ... Oj.

M. Sig.: Apply freely to the affected part every three hours.

The heat, itching, and pain are relieved as if by magic, and in the great majority of cases two or three applications are sufficient to produce a cure. The only difficulty that has been noticed is a slight cooking of the skin when the solution was too strong. That, however, is easily obviated, as the weaker solution seems as efficient as the stronger. He thinks it is as near a specific as we have in medicine.—*Cincinnati Medical News; Times and Register.*

INCIPIENT TUBERCULOSIS.

In the St. Louis Clinique, Fyke speaks of the treatment of incipient tuberculosis. He advises the use of the "four chloride" solution, as admirably adapted to all wasting and anæmic conditions:—

℞ Hydrargyri bichloridi, . gr. j.
Liq. arsenici chloridi, . ℥ij.
Tr. ferri chloridi,
Acid. hydrochlorici, . āā ℥ss.
Syr. limonis,
Aquæ destillat., q. s. ad ℥vj.

M. Sig.: One drachm every four hours, to adults.

Hydroleine has given him more satisfactory results than any preparation of codliver-oil on the market. Iodine he prefers to use externally.—*Times and Register.*

OXALIC ACID AS AN EMMENAGOGUE.

Marsh has employed this drug in a number of cases, and always with success, no matter what the cause of the amenorrhœa. The absence of taste as well as irritating influence on the stomach render it superior to other drugs of the same class. He also recommends it as a calmative in acute cystitis. He prescribes it as follows:—

℞ Oxalic acid, . . . 15 grains.
Syrup of orange-peel, . 1 ounce.
Rain-water or distilled water, . . q. s. ad 4 ounces.

Sig.: One teaspoonful every four hours.—*Revue de Thérapeutique; Times and Register.*

THE USE OF KAVA IN GONORRHŒA.

This drug is recommended by Dupony and Gubler as almost a specific in the treatment of gonorrhœa and leucorrhœa. The active principles of the plant are a resin and a crystalline substance, called by Gubler kavaine. The administration of kava in gonorrhœa increases the urinary secretion, reduces inflammation, and quiets pain. It has the advantage over balsam of copaiba in that it has a pleasant taste, and does not affect the stomach unpleasantly. The plant is a native of the islands of the Pacific.—*Deutsche Medicinal Zeitung; Times and Register.*

TREATMENT OF SEBORRHŒA OF THE SCALP.

Liebreich employs the following prescription in the treatment of seborrhœa of the scalp:—

℞ Spirits of ether, ... 1½ ounces.
Tincture of benzoin, . . 1 drachm.
Vanillin, ... ½ grain.
Heliotropin, . . . 3 grains.
Oil of geranium, . . 2 drops.

M. Sig.: For external use. Combustible.—*Wiener Med. Presse; Med. News.*

CATARRHAL SNUFF.

W. T. Hamilton, M.D., of Jenifer, Ala., recommends:—

℞ Menthol, ... gr. j.
Soda bicarb., . . . gr. ij.
Magnesia carb., . . gr. iij.
Cocaine muriate, . . gr. iv.
Sacch. lactis, . . . ʒiss.

M. Sig.: Use as snuff several times daily.—*The Prescription.*

ERYSIPELAS.

Dr. Trapesnikow (Russk. Med.) has used carbol in the treatment of erysipelas, as recommended by Eichhorst, in 20 cases. The results were very satisfactory. Cures were effected inside of from six to ten days in cases in which treatment was begun four to five days after the disease appeared. The treatment was:—

℞ Acidi carbolici, . . . gr. xxx.
Ol. terebinth., . . . ʒvij, gr. iij.

M. Sig.: Apply to parts hourly.—*Deutsche Med. Zeitung; Times and Register.*

TO PROMOTE THE ABSORPTION OF IRON.

Essential oil of thyme, made into a pill with soap and althæa, is reported by Dr. Gros to aid digestion of iron in anæmia and chlorosis. The daily dose is 2 minims, divided into three pills, and to be taken after each meal.—*Med. Record.*

DONOVAN'S SOLUTION IN GLEET.

The solution of the iodide of arsenic and mercury is said to be of material service in the treatment of gleet. A correspondent of the Medical Record feels that he is justified in calling this remedy almost a specific for gleet, so uniform has been his success with it. It should be given for this purpose, in doses of 10 minims, three times daily.

WATER AS A LOCAL ANÆSTHETIC.

Dr. Sleich, of Berlin, states that subcutaneous injections of distilled water will render the part insensible to pain for several minutes, until the wheal caused by the presence of the water has disappeared. He has employed this method to produce local anæsthesia preliminary to the opening of a carbuncle, and was able to incise the parts deeply and scrape out the diseased portion without any complaint of pain on the part of the patient.—*Medical Record; Times and Register.*

CHLORPHENOL—A VOLATILE ANTISEPTIC.

This is another effort directed to destroy the tubercular microbe which Dr. Passerini has proved to be a success! The same experimenter has long endeavored to modify the trichlorphenol, but the odor and irritation to the mucous membrane is always a serious objection to its use. Dr. Tacchini, of Pavia, has now obtained a preparation of chlorphenol, which has as much antiseptic power as trichlorphenol and is free of all the objections against the latter. Chlorphenol is a very volatile fluid whose vapor is heavier than air. When applied to wounds, ulcers, and discharging glands, the improvement is marked.

Ozæna, laryngitis, bronchitis, and more particularly tubercular affections are beneficially affected. Passerini has treated five of the latter cases with the vapor, which, being heavier than air, presumably reaches the bronchioles, if not the alveoli of the lung itself, and he finds that the bacilli rapidly disappear after commencing the inhalations. All the 5 cases have quite

recovered, varying from two to six months from beginning of the treatment, and are apparently well at the present time.

The claims put forth are:—

1. The inhalation of chlorphenol is easily borne in advanced phthisis, and is convenient in application.

2. No injurious effects arise from its continuous use.

3. Changes in the quality and quantity of expectoration till pus and bacilli disappear; cough is diminished; fever is reduced; appetite and sleep soon return; the weight of the body increases rapidly, and the local improvement is speedily performed.

Hence, the three conditions, applicability, innocuity, and efficacy, are the dominant recommendations of the drug.—*Med. Press and Circ.; Times and Register.*

TREATMENT OF EPILEPSY.

Poulet, of Placna les Mines, in Bulletin Général de Thérapeutique, writes of a combination of bromide of potassium with Calabar bean, which has given him success in the treatment of obstinate cases of epilepsy where the bromides alone had failed. A favorite formula of his is:—

℞ Bromide of potassium, . 100 parts.
Tincture of Calabar bean, 35 "
Water, . . . 470 "

Sig.: A tablespoonful, to be increased to a tablespoonful and a half, then 2 tablespoonfuls, daily.

A tablespoonful contains about 57 grains of bromide and about 16 minims of the tincture. The medicine may be given in divided doses instead of in one full dose, ½ teaspoonful being given at first twice, then three times, then four times a day.

Poulet reports 5 obstinate cases treated in this manner. These were cases where bromide alone failed to cure.—*Times and Register.*

ANEMONIN.

M. Dupuy finds that anemonin, the proximate principle of *Anemone sylvestris*, is a valuable remedy in whooping-cough, acute and chronic bronchial catarrhs, and some forms of rheumatism. The author has isolated the substance and obtained it in crystallized form. He neglects to name the maximum dose. Meanwhile pharmacists would do well to be cautious in dispensing it, for, like all of the powerful calmatives and antispasmodics, it is toxic, causing perversions of sense, hebetude, agitation, and, finally, paralysis.—Paris letter in *Bulletin of Pharmacy.*

FOR DELIRIUM TREMENS.

℞ Paraldehyde, ... gr. v.
Bromide of ammonium, . gr. x.
Hydrate of chloral, . . gr. x.
Tinct. hyoscyamus, . . gtt. x.

M. Sig.: Take at one dose.

—*Times and Register.*

THE ACTION OF BENZINE AFTER EATING PORK CONTAINING TRICHINÆ.

Dr. Puetter, Jr. (Stralsund), reports: During the summer of 1890, twenty-seven persons ate of a freshly-killed hog. A few hours afterward it was found that the animal contained quite a number of trichinæ. All twenty-seven persons, partly adults, partly children between 14 and 17 years old, ate of the cooked ham, while five of them (females) ate, while preparing some of the meat for sausages, of the uncooked meat. The same evening Puetter was called in and prescribed ℞ Bensoli, gr. viiss, ad. caps. gelat., No 270. Sig.: 10 capsules as directed. He ordered that every one of these twenty-seven persons take five capsules on an empty stomach the next morning, to be followed, after an hour, by a teaspoonful of pulv. rad. rhei. and pulv. liquir. comp. (āā), the children in proportion to their age. On the afternoon to be repeated (five capsules and a teaspoonful of the powder). The next day only the powder should be used. The benzine was taken by all without any ill effects. All were cured.—*Deutsche Med. Wochenschrift; Times and Register.*

BORATE OF AMMONIUM AND CYANIDE OF ZINC.

Professor Lashkevich (Pharm. Jour., August 27th) has found borate of ammonium of value in the treatment of phthisis; it produced marked effect on the expectoration, and, in some cases, on the pyrexia. He combined the drug with codeine, henbane, or some other sedative. The same authority has found in cyanide of zinc a remedy which exerts a beneficial effect on some cardiac cases, such as cannot be obtained by other means, particularly in cardiac

neuroses, in which it acts quickly and certainly. Palpitation, want of rhythm, and pain in the region of the heart are quickly relieved and sometimes cured. The dose is from a tenth to an eighth of a grain three times a day.—*Western Med. Reporter.*

THE TREATMENT OF VIPER-BITES.

The Paris Academy of Médicine has awarded the Orfila prize to Professor Kaufman, of the Alfort Veterinary School, for his discovery of a specific for viper-bites. The treatment consists in bathing the wound with a solution of 1 part of chromic acid to 100 of water.—*Ex.*

GOITRE.

According to the Journal de Medecine de Paris, Auerbach has obtained an incomplete cure of goitre by the interstitial injection of osmic acid combined with massage:—

℞ Osmic acid, ... gr. j.
Distilled water, ... ʒiij.—M.

The injection of this liquid is resorted to every two days, and massage is practiced daily for fifteen minutes. Iodide of potassium was also given internally. After three weeks of this treatment the tumor diminishes very greatly in size and the subjective symptoms disappear.—*The Prescription.*

ELECTRO-THERAPEUTICS OF GRAVES' DISEASE.

Dr. Cardew, M.R.C.S., Lancet (London), is of opinion that many cases in which drugs have proved valueless are amenable to electrical treatment. For this purpose galvanism is superior to faradism. A very weak current (2 to 3 milliampères) is sufficient. Each application should last six minutes, and frequent applications (three times a day) should be made. The anode should be placed on the nape of the neck, the centre of its lower border corresponding to the seventh cervical spinous process, and firmly held in that position during the application. The kathode should be moved up and down the side of the neck from the mastoid process along the course of the great nerves. The application is followed by a reduction in the frequency and force of the heart-beat, prolongation of the diastole being most marked. The slowing of the pulse-rate does not usually last more than half an hour. The diminution in violence of beat lasts longer. As the case progresses and improves these effects become permanent.—*Amer. Jour. of Med. Sciences; Med. Age.*

ALKALOIDS OF ARECA-NUT.

Some new contributions have been made to our knowledge of the alkaloids of areca-nut which, it will be remembered, were examined some time ago by Jahns and found to contain arecoline and two other alkaloids, arecaine and choline. By heating arecoline ($C_8H_{13}NO_2$) with concentrated hydrochloric acid or strong bases, arecaidine ($C_7H_{11}NO_2$) is formed as colorless, tabular crystals, readily soluble in water and dilute alcohol, but less so in strong alcohol, and practically insoluble in absolute. Heated to 100° C. it loses its one equivalent of water of crystallization, and melts at 222° to 223° C. It is not poisonous. Arecaidine ethylate or homarecoline is a colorless liquid secondary product of arecaidine which is possessed of poisonous properties. Chemically it is represented by the formula $C_9H_{15}NO_2$; its salts are mostly with difficulty crystalline, and liquefy on exposure to the air.—Berlin letter in *Bulletin of Pharmacy.*

RECONSTITUENT MIXTURE.

℞ Fresh beef-blood, defibrinated,
Extract of malt, . . āā ʒvj.
Glycerin,
Alcohol, ... āā ʒiiss.

Mix. To be taken at each meal, increasing the dose progressively from half a teaspoonful to 3 tablespoonfuls for adults, and from 3 to 10 drops for infants.—*Mercredi Medical; The Prescription.*

CHANCROIDAL BUBO.

Cordier recommends that buboes following chancroid be punctured as soon as possible, whether pus be present or not. Through this puncture a 2-per-cent. solution of silver nitrate is injected into the inflamed tissues. By this means he claims that he attains a speedy and good recovery, and, what is of more importance, avoids the formation of an unsightly scar.—*Deutsch. Med. Zeit.; The Prescription.*

GONORRHŒA.

℞ Antifebrin,
Bismuth subnit, . . . āā gr. x.
Aquæ, ... ʒj.

M. Sig.: Use ʒj four times a day by injection.—*The Prescription.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, Nov., 1891.

A CLINICAL LECTURE ON PSORIASIS.

THE editor regrets that during his absence on a vacation "A Clinical Lecture on Psoriasis," purporting to have emanated from himself, was published in the October issue of the MEDICAL BULLETIN. During the past winter a reporter having no medical knowledge—not even of a student—tried to take down some of the lectures at one of the medical colleges, with poor success. The lecture appearing in the last issue of the journal was an example of this individual's attempt at reporting, and was so full of mistakes that the attention of the class was directed to it. In the absence of the writer, this garbled lecture —as, for instance, the calling of a case of psoriasis a critical one—found its way accidentally into a box of manuscript, and was published by mistake. It was full of errors and incomplete sentences, and in no way emanated from the editor of this journal. We regret to have to call attention to errors in our columns committed by others, but are compelled to do so in justice to ourself, as well as to our readers.—EDITOR.

POINTS IN THE DIAGNOSIS OF LIVER DISEASE.

WHEN we take into consideration the frequency of functional disturbances of the liver, as well as their importance in laying the foundation of organic or constitutional disease, every contribution to the diagnosis of these affections is of importance. It is for this reason that we draw the attention of our readers to an excellent paper by Dr. Cherchevski, of St. Petersburg, published in Le Progrès Médical for August 29, 1891.* The cause of these disorders must often be looked for elsewhere than in the ordinary conditions of life and the surrounding of the patients, since they frequently manifest themselves in young people. They must, therefore, as M. Cherchevski points out, date from a very early period of life. This view receives an *à posteriori* confirmation from the important office which the liver fulfills during fœtal life. Little has been placed upon record concerning the circumstances which may modify the relative involution of the liver after birth. We may, however, indirectly conclude that the diminution of its volume does not always proceed at a uniform rate. The same conditions which determine so large a mortality during the first year of life from disease of the digestive tract must necessarily prevent the normal involution of the liver and predispose to the functional troubles of the organ in later life. According to Bouchard, the liver has the function not only of separating and retaining poisons and toxines, but also of destroying them, and may be called "the protective organ of the system." If this theory be true, as it is in all probability, we can readily perceive that so important a function leads, in itself, to marked aberrations from the normal, and, therefore, to functional disease.

The Russian writer finds a third argument favorable to the frequency of functional hepatic disorder in the facts of comparative anatomy, according to which the liver is voluminous in proportion to the general imperfection of systemic development. The hepatic veins are vastly capacious in those animals, such as certain species of aquatic birds, which are able to remain a long while under water. These facts have been adduced by Smith to explain the temporary variations in the size of the liver in cases of cardiac dilatation, and by Stokes as throwing light upon the manifestations of cardiac asthma accompanying dilatation of the heart. It follows, from the preceding considerations, that the liver is larger the less profound the respiration, and that all diseases which cause difficulty in respiration necessarily affect the functions of the liver.

In the diagnosis of hepatic disease the writer from whom we quote lays great stress upon the necessity of the recumbent position in esti-

* Contribution à la Pathologie et au Diagnostique des affections du foie. Par M. M. Cherchevski, médecin de l'hôpital Nicolas de Saint-Pétersbourg.

mating exactly the size of the liver. The methods habitually in vogue are not, he believes, sufficiently accurate, in view of the variations in the angles of the ribs, the size of the intercostal spaces, and the form of the thorax. Hence arises the necessity of seeking signs beyond or external to the gland itself, and those upon which he has found reason to rely are: sensibility of the right brachial plexus to pressure, of the right phrenic nerve, right pneumogastric, and right sympathetic, and of the lumbar roots of the cord upon the right side; increase in the size of the right heart, forward displacement of the right kidney, and sciatic neuralgia. Of all these, hyperalgia of the right brachial plexus is, according to his observations, the most constant. Its value is the more striking, moreover, from the fact that, in health, pressure over the right plexus gives rise to no pain, while, on the other hand, the left brachial plexus frequently manifests an exaggerated sensibility. Pain in the right shoulder is a symptom often complained of by the sufferers from hepatic disease, notably from cancer. The sensibility due to the anatomical relations of the phrenic nerve is produced by the same mechanism, and differs in intensity only, whether the local difficulty be cancer or only of a functional character.

Sensibility of the right phrenic nerve occupies the second rank in constancy as a symptom, and indicates, according to our author, an augmentation, already more or less considerable, of the size of the liver.

Affections of the pneumogastric and sympathetic at the level of the superior cervical ganglia are relatively rarer signs, and indicate disease of older origin. These nerves constitute the route by which are transmitted the centripetal irritations which give birth to various reflex phenomena.

It has been shown by Potain and his pupils that even trifling disturbances of the digestive and biliary passages may produce a temporary dilatation of the right side of the heart. This influence, when originating in the liver, seems to be reflex through the hepatic plexus, the bulb, cervical spinal cord, and superior thoracic ganglion, the pneumogastric nerve also in part participating.

The displacement of the right kidney is due to the direct pressure exercised by an enlarged liver. The loose attachments of the kidney facilitate displacement of the organ. Exaggerated sensibility of the posterior roots of the cord in the lumbar region is also held to be an index of antero-posterior enlargement of the liver, and the presence of sciatica, especially upon the right side, may indicate an alteration, already considerable, in the size of the same organ. This form of neuralgia being frequently observed, even in the absence of all apparent hepatic tumefaction, is consequently, in itself, of doubtful value as a diagnostic sign. Nevertheless, it merits attention because it tends to localize itself in the sacral region and buttocks, because it often extends to the corresponding region of the other side, often gives rise to trophic troubles, and, finally, is little influenced by the usual treatment for neuralgia, but yields to treatment addressed to the hepatic disease.

ATTACKS OF TREMORS IN EPILEPTICS.

THE labors of M. Ch. Féré in the field of scientific medicine are widely known and deservedly esteemed, and have often been alluded to in these columns. One of his latest contributions to medical literature is in the form of a note upon curious localized tremors which he has occasionally observed in the subjects of epilepsy.* In this paper the history of 2 cases illustrative of the manifestation are given, with some detail. The attacks described manifest themselves under different aspects. The tremor may constitute but a part of the usual convulsive crisis, or may occur as the single spasmodic symptom of a paroxysm, accompanied by loss of consciousness. Again, instead of being merely an episode of an abrupt and brief discharge, it presents itself as a principal phenomenon of a prolonged attack, which may continue for hours, or even entire days, consciousness being at the same time preserved. In these different forms the tremor may be local or general. At times they are scarcely to be distinguished from the ordinary paroxysm of the disease. The patient

*Note sur les attaques de Tremblement chez les Epileptiques. Par Ch. Féré, Médecin de Bicêtre. Revue de Médecine. Extrait.

becomes pale, utters a cry, and falls unconscious. But, instead of exhibiting a tonic spasm followed by clonic convulsions, he is afflicted with a rapid tremor of the limbs, the trunk, and the head. It is, however, as a rule, more or less localized. In some instances the partial or general tremor is only produced at the termination of the tonic or clonic spasm, forming the completion of the discharge. It is noteworthy, moreover, that those epileptics who suffer from habitual tremor are not peculiarly susceptible to the attacks described.

In the cases related in the pamphlet before us, the tremor was the sole manifestation, neither preceded nor accompanied by other spasmodic movements. The attack was not marked by loss of consciousness. The limbs began to be agitated by a tremor involving no great extent of surface, but soon becoming more extended. The tremor became generalized in the upper extremities, when the lower were first affected, and conversely. The attack proceeded to invade the muscles of the trunk and face, the voice trembled, and the teeth chattered. Exceptionally, it may limit itself to a certain group of muscles.

In the first case studied by M. Féré, the entire body of the patient was agitated by a trembling, the oscillations of which were variable in extent, but uninterrupted, and the condition was present for six days. Generally, the writer remarks, the tremor was not sufficient to prevent some use of the limbs, though aggravations occurred, during which walking was impossible and objects could not be retained in the grasp. The tremors were rapid, varying in the hand from 7 to 10 in the second. The variations of rapidity were independent of variations in extent. The rate differed in the hand and foot, being more rapid in the former member. When the muscles of the chest were involved, the agitation was rather less rapid than that of the upper extremity, and the rhythm was unaffected whether the patient kept silent or sang. This peculiar manifestation, like the usual epileptic seizures, gave rise to a slight elevation of temperature.

In the second case the tremor was restricted to a group of muscles in an individual who was subject to attacks of *grand mal*. While recumbent his patella was raised spasmodically by the action of the four-headed extensor of the thigh, which could be seen to contract vigorously with a regular rhythm. All the other muscles of the limb remained absolutely at rest, and no similar tremor was present in any other portion of the body. The spasmodic contractions were so energetic that a strong man, using both hands and all his force, was unable to immobilize the patella, but only to retard its movements. During the day this spasm relaxed spontaneously, and was succeeded by a similar attack in the muscles of the trunk, producing an incurvation toward the right side. With this exception, the local spasm persisted for eight days, when it disappeared for two days, after which it recurred for a few hours. The patient being a criminal, malingering was, of course, suspected, but it was proven by the myograph that such rapid movement could not be executed voluntarily for a longer space of time than a few seconds. These facts, studied with his accustomed accuracy by M. Féré, are extremely interesting in connection with the symptomatology of epilepsy. The question naturally arises whether this localized tremor is due to a localized lesion of the cerebrum upon the opposite side; but this, as our author replies, can only be demonstrated by the ulterior evolution of the case.

CORRESPONDENCE.

Editor Medical Bulletin:

The result in the case of indirect inguinal hernia, reported by Dr. Crutchfield in the September BULLETIN, I hardly think should be termed unique. While in general practice in 1882, I saw 3 cases in persons over 30 years of age who had been cured by wearing a truss with a hard-wood pad. At the time I mention, no one of these persons had worn a truss for five years, and no recurrence of the hernia had taken place.

I procured a truss similar to the ones they had used, and fitted it to a boy, 14 years of age, who had a complete oblique inguinal hernia. After three months he left off the use of the truss, and five months later the hernia had not recurred.

Dr. Crutchfield's quotation from Dr. Bryant on the treatment of hernia in infants was thoroughly verified by results obtained in the Hospital for Ruptured and Crippled, Forty-second Street, New York.

In this connection I will mention a case which came under my observation and was interesting, though of little practical value. A man about 45 years of age had had an inguinal hernia (scrotal) for many years. While riding horseback, he was thrown to the ground, landing on his head with his heels in the air. While riding the hernia was down. In the fall the hernia was reduced, and it did not recur till ten years later, when he fell backward from a fence, striking on his shoulders. Very truly,

R. L. THOMSON, M.D.

SPOKANE, WASHINGTON.

ARISTOL IN BED-SORES.

My Dear Dr. Shoemaker:

In looking over the BULLETIN for October, which reached me to day, my eyes fell upon a short article, headed "Treatment of Bed-sores." As these form, as a class, one of the opprobria of our profession, will you permit me to relate a little experience of mine in the use of aristol in a case I treated some months ago,—and as I have nowhere seen its application in this way as yet suggested, my report may be of some use to other physicians.

In January last I was called hastily to see Mrs A., a resident of this city, and a lady aged about 62 years, well-nourished, and weighing not far from one hundred and fifty pounds. She had fallen down three steps, and, on examination, was found to have sustained a fracture of the hip—the bone being fractured partly within and partly without the capsule. As soon as possible she was placed on a very fine fracture-bed, and the leg extended by a pulley. On attempting, however, to place her on the back, I was alarmed for the ultimate success of the treatment by her telling me that, in consequence of a disease of the heart, she could not lie down, but had slept in a sitting posture for a long time. Having every reason to fear from this the worst kind of bed-sores, I took every precaution at the outset to prevent them; but, with the whole weight of the body and thighs resting on the gluteal muscles, I had, indeed, little to hope for, and in a few days my worst fears were realized. She soon began to complain of some pain over the points of pressure, which steadily increased, notwithstanding the use of a variety of cushions and air-bags. I finally made a very careful examination of the sensitive parts, only to find that on both sides of the buttocks sloughs were already beginning to form, and were even now the size of a twenty-five-cent piece. What could I do? I thought of everything that has been suggested for such cases, but of nothing that promised relief. I consulted one of our oldest and best practitioners in the city, merely to be offered what I already knew. I was almost desperate.

In this dilemma it happily occurred to me that possibly aristol, of whose properties I had recently read, might be of some service. Almost hoping against hope, I ordered an ointment of 40 grains of the drug to the ounce of cosmoline. This was spread on pieces of old linen, about five inches square, and a piece applied morning and evening to the diseased surfaces. The first night my patient was more comfortable; within the next forty-eight hours all pain disappeared, and within one week every vestige of inflammation had been allayed, and I had no further trouble, though my patient retained the same fixed position from January 15, 1891, to the 28th of the following March, and getting up finally with bony union. Of course, the applications were made daily until she arose from bed. I simply regarded the success of aristol in this case as almost miraculous, and if this suggestion should bring relief to others, as it did to my patient, it will take from the bed of suffering much of the agony that we have heretofore been almost powerless to prevent.

If, in conclusion, my dear Doctor, this report is, in your estimation, worth publishing, either in its present form or any other, do with it as you think best, for I write not for the sake of writing, but because I think this case ought to be known.

I am, Doctor, yours, very truly,

JOHN B. BROOKE.

READING, PA.

MEDICAL NEWS AND MISCELLANY.

PROFESSOR E. G. ZINKE, of Cincinnati, has returned from his European tour.

SURGEON-GENERAL J. MILLS BROWNE, of the Navy, was recently in Philadelphia.

DR. W. G. ASHBY and Mrs. T. W. Ashby, of Alexandria, Va., have been visiting this city.

DR. HENRY W. STELWAGON, has removed to No. 223 South Seventeenth Street, Philadelphia.

TWO druggists, of Chicago, were lately each fined $100 for practicing medicine without a license.

PROF. WILLIAM STIRLING, of Owens College, Manchester, has been elected a corresponding member of the Accademia Medico-Fisica Fiorentina.

DR. GERBAULT, Surgeon-Major of the French Army, has been named Chevalier of the Legion of Honor.

DR. GEORGE J. MCKELWAY and Jane Dalziel, of Philadelphia, were married Thursday, October 1, 1891.

PROF. P. S. CONNER, of Cincinnati, was elected President of the American Surgical Association at the session just closed.

THE Harveian Oration before the Royal College of Physicians was delivered on October 19th, by Dr. W. H. Dickinson.

DR. H. K. PUSEY, the well-known alienist, has been appointed superintendent of the Central Kentucky Lunatic Asylum.

A MODEL sanitarium for the treatment of diseases of women is now being erected for Dr. J. B. S. Holmes, of Rome, Ga.

WILLIAM BEDFORD KESTEVEN, M.D., F.R.C.S., died at Dorking, England, September 9th, at the ripe age of 79 years.

ADDITIONAL HONORS.—Dr. Nathan Bozeman has recently been honored by the University of Alabama with the degree of LL.D.

PROFESSOR NANCREDE has been very successful in Ann Arbor, where he is exceedingly popular, professionally and personally.

PROF. W. W. DAWSON, of Cincinnati, was recently elected an honorary member of the Detroit Society of Physicians and Surgeons.

SURGEON PARKE'S account of his experience with the Emin Relief Expedition will shortly be published by Messrs. Sampson, Low & Co.

THE fifth semi-annual meeting of the Southwestern Ohio Medical Association was held at Cincinnati, Thursday and Friday, October 1 and 2, 1891.

PROFESSOR GARTNER, of Jena, has been appointed to the Chair of Hygiene in the University of Marburg, in place of Professor Rubner, recently translated to Berlin.

A RECEPTION was given by Dr. W. C. Wile, of Danbury, Conn., in honor of the members of the editorial staff of the New England Medical Monthly, September 15, 1891.

DR. BENJAMIN LEE, of Philadelphia, was elected President, and Dr. John Ridlon, of New York, Secretary, of the American Orthopædic Association for the ensuing year.

DR. JAMES C. WILSON has been elected by the Board of Trustees of Jefferson Medical College to the Chair of Practice of Clinical Medicine, to succeed Dr. J. M. Da Costa, resigned.

THE oldest medical work—an Egyptian papyrus dating from 1500 years or more before Christ, and containing prescriptions then old—has been translated by Ebers, the German novelist.

AMERICAN PEDIATRIC SOCIETY.—The third annual meeting of this society was held in Washington, September 22, 23, 24, and 25, 1891, at the Arlington Hotel, Vermont Avenue and H Street. Parlor 206.

A BANQUET was given by the Philadelphia Electro-Therapeutic Society to the members of the American Electro-Therapeutic Association, at the Stratford, on Friday evening, September 25, 1881.

GONORRHŒHAL RHEUMATISM IN A YOUNG CHILD.—Dr. Auguste Ollivier reports, in La Médecine Moderne of June 25, 1891, a case of gonorrhœal rheumatism observed in a girl 5 years of age.

DR. C. A. KINGSBURY died lately at the age of 72 years. He had for many years been connected with the Philadelphia Dental College. He was a great fisherman, and one of the most genial of men.

A GEORGIA doctor captured a burglar who was going through his room, dragged him to the back yard, wound him up to a post with 120 feet of clothes-line, and gave him 150 lashes with a horsewhip.

ON October 10, 1891, under the auspices of the Philadelphia Cremation Society, Dr. C. N. Pierce delivered a lecture in St. George's Hall, Thirteenth and Arch Streets, on the "Sanitary Disposal of the Dead."

DR. HIRAM CORSON, of Norristown, aged 87, attended the funeral of Dr. Isaac Zook Coffman, aged 86, at Phœnixville. Dr. Coffman practiced medicine for sixty-four years. Dr. Corson has been engaged in active practice sixty-three years.

ON October 1, 1891, the professional partnership hitherto existing between the undernamed was mutually terminated.

LOUIS A. DUHRING, M.D.;
HENRY W. STELWAGON, M.D.

IN the lecture course of the Franklin Institute, for the season 1891–92, Dr. J. Madison Taylor will speak on December 7th of "Physical Exercise: its Relation to Health and Medicine;" and Dr. L. Webster Fox, January 29th, on "Eyesight: its Care During Adult and Old Age."

THE Duchess Eugenia Litta Bolognini has given 500,000 francs, the proceeds of the sale of her jewels, in consequence of the death of her husband and son, to the Ospedale Maggine, Milan, with a special request that the money may be applied for the benefit of the surgical department for children.

THE meeting of the Society of German Naturalists and Physicians, held this year at Halle, was attended by some 1250 members; the meeting was also graced by the presence of

more than 300 ladies. It was decided to hold the next meeting at Nuremberg.

By the will of the late Miss Agnes Watson, of Glasgow, the sum of £6000 or more falls to be divided between the Glasgow Royal Infirmary and the Glasgow Royal Hospital for Sick Children. Among other legacies Miss Watson leaves £500 to her medical attendant.

On the initiative of Professor Rampoldi, a committee has been formed at Pavia for the erection of a memorial to the celebrated surgeon and anatomist, Antonio Scarpa. It is intended to place the memorial in the public hall of the University, and the unveiling of it next year will be made the occasion of a great academic festival.

Dr. Frank W. Reilly has been appointed Secretary of the Illinois State Board of Health, to succeed Dr. Rauch. Dr. Reilly has had some experience in the work, and has been for four years the managing editor of the Chicago Daily News. It is not likely that the good work inaugurated by Dr. Rauch will in any way suffer in the hands of his successor.—*Times and Register.*

Dr. Brena, of Zacatecas, Mexico, strongly recommends that city as a sanatorium for phthisical patients. He and several other medical men, who have practiced there for some years, agree in declaring that they never see any cases of phthisis amongst people of the better classes who have lived for any great length of time in Zacatecas.—*Times and Register.*

The Welz Prize.—At the meeting of the German Ophthalmological Society, held at Heidelberg, from September 14th to 16th, the Welz prize for the best paper published in von Graefe's Archiv für Ophthalmologie in the years 1887, 1888, and 1889, was awarded to Professor von Hippel, of Königsberg, for his essay entitled "A New Method of Cornea Transplantation," which was published in Bd. xxxiv, Abth. 1. This is the sixth time the prize has been awarded.

The doctors of Northern Ohio will gather at Mansfield, November 5th to 7th, for at that time and place the three societies of Northern Ohio, viz., the Northwestern Ohio Medical Society, the North Central Ohio Medical Society, and the Northeastern Ohio Medical Society, hold a union meeting.

On the evening of November 5th, the Hon. John Sherman will give a reception in honor of the Association, and the next evening the Hon. M. D. Harter will give a reception. The Committee of Arrangements consists of Drs. R. Harvey Reed, J. W. Craig, and George Mitchell, all of Mansfield.

A local physician recently had occasion to prescribe suppositories for an old colored gentleman, and was very careful to explain how they were to be used. On visiting the patient the next day he inquired of the wife if the suppository had been used as directed. "Yes, sah," said the old lady, "if you means dem big pills, he done took one last night, an' a powerful bad face he made, too, but he done got it down."—*Ex.*

Dr. David White Finlay, of the Middlesex Hospital Medical School, has been appointed to the Chair of Practice of Medicine in Aberdeen University.

A Medical School at Constantinople.—We learn from Le Progrès Médical that the Sultan of Turkey has dispatched a high official to Paris for the purpose of inviting several French physicians and surgeons to Constantinople, in order to lay the foundation of a medical school, which will be the first undertaking of the kind in Turkey. The Sultan is said to be deeply interested in the project. Hospital service has vastly improved, not only in the Capital, but throughout the Ottoman Empire.

Villacabras, a New Purgative Water.—The water of mineral springs in the valley of Villacabras, in the province of Madrid, Spain, was brought into general notice two years ago, by M. Branciard. An analysis by Dr. Crolas, professor of chemistry of the University of Lyons, demonstrated that it contains a large proportion of sulphate of soda. As an efficient purgative it has been highly recommended by Professors Brouardel and Dujardin-Beaumetz, in France; Mavrogény Pacha, head physician to the Sultan of Turkey; Fordyce Barker, W. T. Lusk, and others in this country.

Antiseptic Wound Treatment.—As illustrative of modern methods, Messrs. Johnson & Johnson, of New York, have issued a pamphlet, carefully compiled from notes and suggestions from Professors Agnew, J. William White, Stephen Smith, Nicholas Senn, Lewis A. Stimson, Thomas G. Morton, Hunter McGuire, and others. This little work is copiously illustrated, and contains numerous formulæ for antiseptic solutions, together with descriptions of the operative technique of various eminent men. A great deal of valuable information has been brought together in a convenient form from many different sources.

The following incident occurred in a Medford school:—

A class in grammar was reciting, and one of the younger boys was asked to compare "sick." He began thoughtfully, "Sick," paused, while his brain struggled with the problem, then finished, triumphantly, "Sick, worse, dead."—*Harper's Bazaar.*

TWO ladies had a conversation relative to the late war. One of them was angry because of the fact that Mr. Jefferson Davis was disfranchised. "Disfranchised, did you say?" exclaimed the other. "How long has he been disfranchised?" "Why, ever since the war." "Well, now, I never heard that before, and do not understand how that can be. I am sure Mr. Davis has had one or two children since the war."—*Ex.*

A FUND is being raised in India for a memorial of Surgeon-General Sir William Moore. The interest of the money is to be given as an annual prize, to be called the Surgeon-General Sir William Moore Prize, to the best student in the final year's studies of the provincial medical schools in rotation, first that of Poona, secondly that of Almedabad, and thirdly that of Hyderabad.

THE 1500 delicate children sent by the city of Paris on thirty-day trips—the scrofulous to the sea-side, the anæmic to the mountains—were all weighed at the mayoralties, their chests measured, and their muscular strength tested before starting and on their return. It was found that weight, height, general strength, and muscular power had increased in striking degrees and in most cases. Those who in the first week were hardly able to walk two miles a day were able without fatigue to do seven or eight miles before the end of the trip. The cost of the outing, including traveling expenses and a month's board and lodging, came to £4 a head.—*Prov. Med. Journ.*

PHARMACEUTICAL CONGRESSES.—M. H. Bocquillon-Limousin, General Secretary of the French Pharmaceutical Association, has sent a circular in the name of a large number of French pharmacists to all pharmaceutical associations throughout the world, proposing that an international pharmaceutical congress should take place in 1893 at some place to be decided on. At present the choice appears to lie between Madrid and Copenhagen. In the same year an international pharmaceutical congress will also be held at Chicago on the occasion of the World's Fair.

A SCANDINAVIAN SURGICAL SOCIETY.—At a meeting of representatives of the medical profession in Scandinavian countries recently held at Götesborg, in Sweden, it was decided to establish a Norsk Surgical Society. Denmark was represented by Drs. Howitz, Studsgaard, and Tscherning; Sweden by Drs. Netzel, Berg, Lenander, and Lind; Norway by Professor Nicolaysen, and Drs. Schönberg, Hjort, and Jerwell; and Finland by Dr. Heinricius. Dr. Howitz was elected president and Dr. Tscherning secretary of the new Society. The Society will hold its first general meeting at Copenhagen in 1892, at the same time as the Congress of Scandinavian Naturalists.

THE Birmingham General Hospital and the Midland Institute, by the death of Miss Villers Wilkes, will come into nearly £100,000 of property left some ten years ago by Mr. Wilkes, a copper-wire manufacturer.

A DERMATOLOGICAL CONGRESS.—The German Dermatological Society held its second congress at Leipzig, on September 17th, 18th, and 19th. Among the subjects for discussion on the programme were the following; "Tuberculin in the treatment of Tuberculous Affection of the Skin and Mucous Membrane," introduced by Professor Kaposi; and the "Pathology and Treatment of Eczema," by Professors Neisser and Veiel.

DR. MAX RUBNER, director of the Hygienic Institute at Marburg, has been appointed to succeed Dr. Robert Koch as professor of hygiene in Berlin. He was born at Munich in 1854, established himself as a private lecturer in the University of Munich in 1883, was appointed extraordinary professor at Marburg in 1885, and ordinary professor in 1887.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The Nineteeth Annual Meeting will be held at Kansas City, October 20 to 24, 1891.

THE St. Louis College of Physicians and Surgeons reports 178 matriculants within the first ten days of the present term. Dr. A. C. Bernays has resigned the Chair of Anatomy, and has been succeeded by Dr. George Cale.

A MAN BURIED ALIVE.—A curious fact is reported as having occurred at Saint-Crépin, in the canton of Saint-Sernin, near Rodez. In carrying a man, supposed to be dead, from the church to the cemetery the pall-bearers, four young men, thought that they perceived a movement inside the coffin. The ceremony being finished they compared observations, and all agreed as to their sensations. Communicating their suspicions to the clergyman the coffin was ordered to be opened, and it was found that the man had, in fact, moved. The hands, which had been crossed upon the breast, were raised in front of the eyes. The man was taken from the coffin; he was addressed, but made no reply. A stimulant was administered and absorbed. He was transported to his home and means used to restore him to life. The following day he was living, looked about him, drank, and spoke a few words, but was extremely weak.—*Le Progrès Médical.*

THE Third Annual Meeting of the Tri-State Medical Association of Georgia, Alabama, and Tennessee, was held in Chattanooga, Tuesday,

Wednesday, and Thursday, October 27th, 28th, and 29th. Officers: President, Robert Battey, Rome, Ga. Vice-Presidents: E. T. Camp, Gadsden, Ala.; Richard Douglass, Nashville, Tenn.; Daniel H. Howell, Atlanta, Ga. Secretary, Frank Trester Smith, Chattanooga, Tenn. Treasurer, B. S. Wert, Chattanooga, Tenn. Committes, Executive: Frank Trester Smith, Exhibits; W. L. Gahagan, Transportation and Hotels; W. G. Bogart, Halls. The following is a partial list of papers:—

"Ovariotomy, its Use and Abuse," Robert Battey, Rome, Ga.; "Physiological Functions of the Nose," A. B. Thrasher, Cincinnati, O.; "An Interesting Family History," Andrew Boyd, Scottsboro, Ala.; "The Cure of Pulmonary Tuberculosis," Carl von Ruck, Ashville, N. C.; "Intubation and Tracheotomy," Gilbert I. Cullen, Cincinnati, O.; "Report of a Case of Neuro-Mimetic Hip Trouble," with presentation of patient, E. E. Kerr, Chattanooga,; "Summer Diarrhœa of Children," E. T. Camp, Gadsden, Ala.; "The Physiology and Chemistry of Therapeutics," G. W. Drake, Chattanooga,; "Doctors," Y. L. Abernathy, Hill City, Tenn.; "Angina Pectoris," W. C. Townes, Chattanooga; "Oxygen Gas and Creosoted Oil in the Treatment of Phthisis," Junius F. Lynch, Sanford, Fla.; "Abscess of the Orbit," T. Hilliard Wood, Nashville, Tenn.; "Report of Ten Cases of Laparotomy," George R. West, Chattanooga; "Evolution from a Scientific Stand-point," John P. Stewart, Attalla, Ala; "An Entirely New and Successful Treatment of Gonorrhœa and its Sequences," George Wyley Broome, St. Louis, Mo.; "Should Not Oculists be More Careful in Prescribing Colored Glasses," W. L. Bullard, Columbus, Ga.; "Milk Sickness," J. C. Shapard, Winchester, Tenn.; "The Conservation of Energy in Modern Physics," John E. Purdon, Cullman, Ala.; "Puerperal Septic Influences and Their Results," Rufus R. Kime, Atlanta, Ga.; "Wounds of the Eyeball, with Cases," N. C. Steele, Chattanooga; "Legislation," W. P. McDonald, Hill City, Tenn.; "Report of a Case of Tracheotomy," L. Huffaker, Daisy, Tenn.; "Lacerated Cervix," W. G. Bogart, Chattanooga; "Croupous Pneumonia," R. M. Cunningham, Birmingham, Ala.; "A Review of Five Years' Dermatological Practice in New Orleans," Henry William Blanc, Sewanee, Tenn.; "Artificial Anus," B. T. Shimwell, Philadelphia, Pa.; "Some of the Causes of Bad Results in Abdominal and Pelvic Surgery," William H. Wathen, Louisville, Ky.; "Uterine Fibroid Complicating Pregnancy," "Albuminurea of Pregnancy, its Significance and Treatment," Richard Douglass, Nashville; "Treatment of Inflammation about the Head of the Colon," W. E. B. Davis, Birmingham, Ala.

A WINTER SEA-SIDE RESORT.—Atlantic City, N. J., in virtue of its geographical position, its accessibility, climate, and municipal advantages, is possessed of the natural and acquired circumstances which form an all-the-year-round watering place. Cool in summer, the air is comparatively dry and warm in winter; the sea-breezes are moderated by the influence of the Gulf Stream, while those which blow from the land are laden with the exhalations of pine-forests. The town itself is abundantly supplied with pure water, the drainage is according to the most approved methods, while electric lights and railways, a magnificent ocean promenade bordered by glass-enclosed sun-galleries, good drive-ways, and well-kept hotels, furnish every essential of comfort and pleasure to the visitor. The seaside city is reached within eighty minutes from Philadelphia by the splendidly-appointed line of the Reading Railroad, or, "Royal Route to the Sea," as it has been termed. The road-bed is at once substantial and smooth, clean anthracite coal furnishes the motive power, and the passenger coaches are provided with every modern appliance of beauty and comfort. By the liberal and thoughtful policy of the company a chain of pretty villages has grown up along the route, and these places have become favorite homes with many who prefer pure country to the attractions of the shore. Those suffering from many forms of chronic and exhausting disease, or from neurasthenia, as well as those who are slowly convalescing from serious acute illness, will receive benefit from a sojourn at Atlantic City.

A NOTED English bishop had for years nursed the fear that he would some day become paralyzed. On one occasion, at a dinner, he suddenly interrupted the guests at table by exclaiming that his worst fears had been realized at last; that he was paralyzed in his right lower limb; that he had been pinching his thighs for some moments, and was unable to detect the slightest feeling. A lady sitting next to him assured him that he was mistaken, for it was *her* limb he had been pinching instead of his, the silk of the lady's dress being difficult to detect from the silk of the bishop's robe. He was cured.—*Harper's Monthly.*

DR. O. A. FLIESBURG, of St. Paul, Minn., reports a case of imperfect development of the alimentary canal in a babe which lived one hundred and eighteen hours. At the autopsy, eighteen hours after death, the following condition was found: Baby very emaciated, brownish-yellow; conjunctiva and sclera brownish; gums, mouth, and lips yellowish, dark brown, or brownish green. On opening the abdominal cavity I found at once the place of obstruction; it is situ-

ated at what I think to be the cæcum, or it may be ileum; the intestines were very strongly matted and glued together into a pyramidal coil; there was no connection to be found between the upper viscera and the smaller intestines; the liver was very large and swollen, and I think very much darker than normal; the gall-bladder also seemed larger than usual in a small infant. The condition of the intestines is already described by the title.—*Northwestern Lancet.*

SIR MORELL MACKENZIE, accompanied by Mr. Henry Irving and Miss Ellen Terry, has recently been spending a few days in the country. Mr. Irving, it appears, was suffering from a slight affection of the throat, and was under the care of the great specialist. One day they called at the one and only chemist's in the little town of Coleford, for the purpose of having a prescription made up for the famous actor. Being Sunday, the chemist was out, but his wife, who happened to be at home, proved quite equal to the occasion. She set about finding the ingredients required, but was unable to dispense them herself. Sir Morell, pestle and mortar in hand, stood behind the counter, much to his own amusement and that of his friends. The medicine made up, the druggist's wife begged the autographs of Sir Morell, Mr. Irving, and Miss Terry, which were readily given, and are proudly treasured.—London letter in *Amer. Pract. and News.*

THE Twenty-second Annual Meeting of the Medical Society of Virginia was held at Lynchburg, October 6th, 7th, 8th, and 9th. The address to the public and profession was delivered by Dr. Charles M. Blackford, his subject being "Medical Education As it Was, As it Is, and As it Should Be." Besides the subject for general discussion,—"Acute and Chronic Dysentery,"—a large number of volunteer papers will be presented by home authors and invited guests. Among the latter we note the names of Drs. A. W. Calhoun, of Atlanta; T. D. Crothers, of Hartford; Landon Carter Gray, of New York; A. M. Phelps, of New York; Wharton Sinkler, of Philadelphia; and B. A. Watson, of Jersey City.

SHEDDING BONES (Dr. Bell, Medical Standard).—The woman, 71 years of age, seemingly in perfect health, and normal in every other respect twenty-one years ago, experienced an exfoliation of bone, beginning in her fingers, and during succeeding years continuing, until she has twice shed ulna and radius, humerus, scapula, and part of inferior maxillary. This shedding takes place spontaneously, without pain, hæmorrhage, suppuration, inflammation, or in fact any inconvenience at all. There exists no deformity, supination, pronation, extension, flexion, and circumflexion being perfect. The bones exhibited to the East Tennessee Medical Society were found to be perfectly natural. The woman is conscious of the expulsion some minutes before it takes place, a perfect bone being left in the place of the old one, which always makes its way out on the posterior side, and the wound thus made heals by first intention, though scars are left in many places. There was given a good history, no cancerous or other diseases existing as far as known, and the woman had never been poisoned or exposed to chemicals.—*Western Med. Reporter.*

DR. S. S. SCHULTZ, Superintendent of the State Hospital for Insane at Danville, Pa., died September 27, at 5 A.M., in the 61st year of his age.

He was born in Berks County, July 5, 1831, and was raised and educated in his native county until the age of 14, when he attended school at Washington Hall, from there going to the Academy at Allentown, which has since become Muhlenburg College, where he remained one year. Then he entered Princeton College, from which he was graduated in 1852, commencing the study of medicine soon after with Dr. Daniel S. Detweiler, of Montgomery County. After a careful preparation he entered the University of Pennsylvania, graduating in 1856. After leaving the University he practiced for some time in Allentown, and then accepted a position at Harrisburg as assistant physician in the State Hospital there.

In 1861 he made a tour abroad, spending one year in studying the methods and practice in the hospitals and public institutions of Germany, England, and France. The war coming on, he hastened home and entered the army, serving as surgeon of Pennsylvania Volunteers and Surgeon of United States Volunteers. He served with the Seventy-fifth and Twenty-third Regiments Pennsylvania volunteers, and as executive officer and surgeon in charge of general hospitals at Harrisburg, Pa.; Covington, Ky.; Madison, Ind.; and Columbus, Ohio.

Here he resigned, at the close of the war, in 1865.

Returning to Harrisburg, he was in active practice until 1868, when he was appointed by the commissioners to come to Danville and take the control and superintendency of the Danville Hospital, and from the commencement of the work to the present time, nearly twenty-three years, he has been its superintendent. His death was caused by heart-failure.

HEREDITARY TREMULOUSNESS.—Most persons are aware that it is not rare to find several members of a family with shaky hands. So many symptomatic forms of tremor have been

distinguished by living authorities on nerve diseases, that the subject of hereditary tremulousness is of interest. M. Debove has recently contributed an essay on this question to the Paris Société Médicale des Hôpitaux. He has traced some distinct family histories. Hereditary tremulousness is, he says, a distinct disease. It runs both in the paternal and the maternal line. It begins in childhood and increases with age. The oscillations are rapid—8 to 9 per second; they cease during complete rest. The tremors are noted when the hand is held out straight, continue when it is voluntarily moved, but without exaggeration. They may involve the extremities, the eyelids, lips, and tongue. The upper extremities are the seat of predilection in this disorder. Differential diagnosis is important. Comparing the above symptoms with tremor in other diseases, it is found that in senile tremor the head is chiefly involved, the vibrations are slower (3.5 per second), and the disorder appears late in life. In paralysis agitans the tremors continue during rest, and are accompanied by contractions. In disseminated sclerosis the shaking is increased during voluntary movement. In general paralysis the tremors involve the tongue and modify the speech in a characteristic fashion. Alcoholic tremors resemble the hereditary form, except that in the drunkard there is a distinct trembling of each finger not observed in Dr. Debove's hereditary cases. Mercurial tremors intermit during rest, and are produced or exaggerated by voluntary movements; they greatly resemble the corresponding symptoms in sclerosis. In exophthalmic goitre the trembling involves the trunk and members, but spares the face and tongue. Dr. Debove considers that hereditary tremulousness requires further investigation.—*British Med. Journal.*

THE ANTIQUITY OF RHEUMATISM.—A very valuable find of skeletons has been made in Egypt by Mr. Flinders Petrie, who has recently opened a number of tombs previously intact at Medum, belonging to the beginning of the fourth dynasty. This is the earliest known date of Egyptian remains, and that to which the Egyptians ascribe themselves. The skeletons are well preserved, but tender and friable. Some of them bear unmistakable evidences of rheumatic changes, and consequently indicate that at that very remote period man was subject to and suffered from this, as is now shown from its antiquity, venerable disease. No ornaments or objects of art, except occasionally some rough pottery or a wooden head-rest, were found with these remains. The greater number were interred in a contracted position with the knees drawn up to the breast, even when the tomb was long enough to allow burial in the extended position; the body placed on the left side, wrapped in linen cloth; the head always to the north and the face to the east. A few, however, apparently the bodies of the highest class or race, were interred in the extended position, along with vases of stone or pottery and head-rests. At this period there is no trace of mummification. The essential difference in the mode of interment seems to point to difference of race, and it is probable that the contracted burials are those of the prehistoric race of Egypt, while the dynastic race were interred with the body extended. It is extremely interesting to find these contracted burials common at so early a date in Egypt, as a similar mode was adopted by the earliest inhabitants of Great Britain. Mr. Petrie has brought the skeletons to England and deposited them at the College of Surgeons, where they are being treated so as to strengthen them and render them available for the anatomical investigation which Mr. Petrie intends to have made in order to determine, if possible, their ethnographical affinities. When this is done we shall doubtless also have a full description of any pathological condition which may be present.—*British Med. Journal.*

ACROMEGALY FOLLOWING SEVERE FRIGHT.—A case of this curious condition is reported by Pel (The Review of Insanity and Nervous Diseases). A girl aged 24, in blooming health, received a very severe fright in March, 1889. The next day she complained of headache and pains and uncomfortable feelings in various parts of the body. There was asthenopia, eyes being intact, and great mental depression. No nervous ancestry. Menstruation was absent since the day of the shock. Soon after the fright, her friends noticed that her head was becoming larger, and she soon found that she could not get gloves or stockings large enough. The lower jaw projected considerably, the mento-occipital diameter being ten inches, the corresponding circumference being twenty-eight inches. The nose was large and flattened, as well as both lips. The hands and feet, as well as the lower sections of the forearms and legs, were enormously, though symmetrically, enlarged. Length of hands, eight and one-fifth inches; of middle fingers, four and two-fifths inches; of index, four inches. Length from acromion to tip of fingers, thirty-two inches. Both patellæ, the crests of the ilia, both clavicles and the spine were enlarged, the thorax being normal. This is the first case reported in which a definite etiological factor has been determined.—*Brooklyn Medical Journal; Western Med. Reporter.*

AN UNUSUAL FORM OF CHANCRE.—On January 13, 1891, a professional man from India, aged 49, and intemperate, consulted me for a chancre

which had appeared a week before. About twenty-seven years ago he had chancroids and suppurating buboes, which healed very slowly. The sore was on the dorsum, one-third of an inch behind the corona, and there were hard enlarged glands in each groin. Small doses of blue pill, small inunction in the groins, and dry lint were ordered. Good progress was made for a fortnight, but then the sore began to extend slowly, and there arose around it, except toward the corona, a thick ridge. This near the frænum was œdematous, but above there was a semi-solid deposit in the areolar tissue of the preputial folds. Many local applications were tried without effect, and iodoform seemed only of little service. On March 9th, iodide of potassium was prescribed, together with the mercurial treatment. After ten days the skin over the hardest part of the ridge gave way, and matter similar to that in gummata came out. Improvement followed, but so slowly that it was April 13th before cicatrization was complete. It ulcerated again superficially on the 20th, but finally healed in three weeks. The enlargement of the glands has become absorbed, and no secondaries appeared. The peculiar deposit and the extreme slowness of healing, due probably to the age, habits, and former residence of the patient, seem to render the case worth recording. A somewhat similar form was described by Fournier.—MAPOTHER, in *The Lancet.*

JAMES HENRY BENNET, M.D., M.R.C.P.—Dr. Henry Bennet has been so long residing abroad at Mentone, and for the last few years so wholly retired from practice, that his death at the ripe age of 75 has attracted, perhaps, less notice than is due to his remarkable career, his great abilities, and his useful activity.

Henry Bennet was born in Manchester in 1816, and received his instruction in the medical art from his uncle, Mr. O. Taberer, in Derbyshire. The greater part of his medical education he received in Paris, where he gained considerable distinction at all the examinations, and won the post of *interne* or resident house-surgeon under Velpeau, Gendrin, Jobert de Lambalie, Lisfranc, and others of the great masters of the medical and surgical art in Paris, then the leading medical school of Europe. He graduated M.D. of Paris with distinction in 1843, and soon afterward settled in London, He was practically the introducer into England of vaginal examination for uterine disease, and of the surgical methods of treating it. Together with Tyler Smith and Robert Barnes, he waged for a long time a fierce battle against the prejudices of the older school of practitioners, who freely denounced the use of the speculum, and treated Bennet and his investigations as things deserving not only of scientific opposition, but of moral reprobation. His work on "Uterine and Ovarian Inflammations" passed through four English editions, was twice translated into French, the second time by Dr. M. Peter, Professor of Pathology in the Paris Faculty; it was also translated into German, and has passed through five American editions.

After some years of active and highly successful practice he found himself compelled by impending lung disease to take refuge in a milder climate. He removed from London to Mentone. In his new sphere, also, he proved himself a pioneer, and may be truly called the creator of Mentone, which owes to him a debt which can never be repaid. At Mentone he discovered what he loved to describe as "a concentrated marine atmosphere—a subtropical winter climate, *alias* a cool Patagonian summer." He was one of those men who think clearly and originally, who express themselves with vigor, and set before themselves a definite object, which is attained by activity and sincerity of research and observation. The material reward of his labor and of his intelligence was restoration to health and the attainment of fortune. No one can doubt that the attention which he drew to the "Treatment of Pulmonary Consumption by Hygiene, Climate, and Medicine,"—the title of one of his most valuable works,—and the information which he supplied concerning the Mediterranean and the character of the winter and spring on its shores and islands, have, by the information which they conveyed and the influence which they have exercised on the thought and practice of a whole generation of physicians, proved a life-giving boon to many thousands of invalids. Dr. Bennet's old age was passed chiefly in Italy in a period of repose beginning in 1887, which he described in his own picturesque style as "mentally a geological denudation with the re-appearance of early sympathies, literary and artistic, obscured by a long and arduous professional career." To the end of his life his sympathies were warm, his intellect clear, and his affections tenacious His frequent re-appearances at the annual meetings of the British Medical Association were always greeted with pleasure by a host of friends to whom he had endeared himself not less by his intellectual qualities than by his social kindness and amiability. He was hospitable, independent, serviceable to all, and without a tinge of bitterness, although he had encountered severe and even unfair opposition in the earlier part of his career.

For many years in London Bennet was one of the editors of the Lancet, and contributed, under the late Mr. Wakley, much to its reputation for vigor and freshness of thought. For the last fifteen or twenty years he has been a frequent contributor to our columns on subjects which lay within his immediate ken, or with which his

experience and knowledge induced him to sympathize. Dr. Henry Bennet will be mourned by many, and his services to his profession are such as cannot be forgotten in any historical record of the progress of medicine, and in the department in which he labored during the last half-century.—*British Medical Journal.*

CURE OF ECLAMPSIA BY LARGE DOSES OF CALOMEL.—Dr. Josef Smits (Der Frauenarzt, September, 1891) publishes clinical notes of a very severe case of convulsions coming on in the ninth month of pregnancy. The patient was 19, and well nourished. Anasarca was very marked; the urine was albuminous and full of casts. After severe headache and vomiting violent convulsions set in, followed by coma and stertorous breathing. No labor-pains had occurred. A quantity of urine was drawn off. The skin was dry, and, though the patient was wrapped in warm, moist sheets, diaphoresis did not take place. Dr. Smits feared to give pilocarpin, as Bricon had recently noted unfavorable results under the circumstances. Chloroform and morphine were both considered inadvisable; the heart's action was irregular; the pulse slow, small in volume, and very compressible; and the pupils were contracted. Dr. Smits determined to counteract the uræmic symptoms by free purgation. This occurred after "heroic" doses of calomel (400 milligrammes, or over 61 grains). Thin stools began to pass, and at the same time the convulsions began to be weaker and less frequent. After twenty motions, in which uric-acid crystals could be distinguished with the microscope, the fits ceased altogether, and the sensorium became clearer; but the skin would not act, and the œdema continued. Dr. Smits feared to induce labor, lest the eclampsia should return. On the sixth day, after the fits had ceased, the patient gave birth to a macerated fœtus. The perineum was slightly ruptured. No fits occurred after delivery, and by the sixth day the œdema had disappeared. The specific gravity of the urine fell, during the severe attacks, from 1032 to 1012.—*British Med. Jour.*

EMOTIONAL INSANITY.—The North American, of Philadelphia, October 19th had the following account of a case of emotional insanity, so termed by Dr. Thomas Andrews:—

A phase of insanity which is comparatively new, but which is engaging the minds of the students of medical jurisprudence, will be brought before the Delaware County courts when Miss Elizabeth Darby is placed on trial for setting fire to the house of Mrs. C. L. Tatham, near Rosemont, where she was employed as a professional nurse. The deep mystery which surrounded the case, owing to the absence of any motive which the girl could have for committing the horrible crime, has been solved by Dr. Thomas H. Andrews, the surgeon of the Philadelphia Fire and Police Bureau, and who is one of the leading experts in the city on the subject of insanity.

The managers of the Lying-In Hospital and Nurses' Home, where Miss Darby had spent seven months in the school for nurses, have taken a deep interest in the case, Miss Darby having been a general favorite in the institution and because she had been sent by the management to Mrs. Tatham. For the purpose of having a scientific examination of the nurse's mental condition, Charles H. Howell and Thomas Robb, two of the leading members of the Board of Managers, accompanied Dr. Andrews to Media jail, where the most critical examination of the prisoner was made. The result is given by Dr. Andrews:—

"It is the most singular, as well as the most interesting, case I ever saw in all my practice, and really opens up a new field of research in the line of emotional insanity, or, what is a better term to use, possibly, emotional impulse. Imagine a young woman above the ordinary degree of intelligence, carefully and tenderly raised from childhood, finely educated and surrounded all her life by refining influences, guilty of such a horrible crime! She talks freely and intelligently about her acts, admits having started the fires, but when asked why she did it answers that she can give no reason. She says she was delighted with her position, was treated in the kindest way, had everything she desired, had no wish to leave the house, and yet she kindled the fires in the house merely on the impulse of the moment, without any premeditation or without any thought of the consequences either to herself or the people in the place.

"There is no doubt whatever that she was a victim of insanity. Three members of her family are insane and under treatment at this time. Although she bears the appearance of perfect health, she shows a scrofulous or defective circulation indicative of mental disorder. About six months ago a brother to whom she was devotedly attached died from an attack of typhoid fever, and the grief over his loss no doubt had much to do with the development of her natural tendency to insanity. This has been marked, particularly within a few months, by idiosyncrasies for which her friends could not account, one of her actions being the abandonment of a comfortable and happy home for the life of a nurse, against the expressed wishes of her friends.

"The same emotion or impulse which drove her with irresistible force to kindling the fires might just as easily have impelled her to the murder of a portion or all of Mrs. Tatham's

family, or might have driven her to take her own life. It was a motive of destruction which might be described as a disarrangement of the electrical wires where a current used for one purpose is switched off or forms connection with those designed for another. In this case the trouble was on the line of incendiarism, but it might just as easily have taken another form, which she would have followed just as blindly and without any more thought of the consequences.

"She is very penitent, and spends most of her time in bemoaning the circumstances under which she has placed herself. The case is one of the greatest interest to the students of medical jurisprudence, as it opens the question of how far a person is responsible for acts committed while acting under emotional impulse and while the ordinary evidences of insanity are not noticeable to the most intimate associates and friends.

"It is also interesting to the students of mental disorders, as it shows the first stages of insanity, which would, in course of time, without the proper treatment, become chronic, and the impulses would not only become more frequent and violent, but would also become more and more uncontrollable by the patient.

"While I am satisfied that Miss Darby was insane at the time the crimes were committed, I believe that she could be cured by proper treatment, and I believe the court should require her to be placed in an insane hospital for one or two years, or until she is entirely cured. I have little doubt that if her case is properly presented to a jury and all the facts brought out, she will be acquitted on the ground of temporary insanity, which can best be described, as I said, by the term emotional impulse, which she did not have the power to resist.

"The poor girl is greatly to be pitied, as she was not responsible for her acts, and it would be a shame to punish her as a criminal for an act in which there was no criminal intent, and which was committed at a time when she was incapable of reasoning. I wouldn't be surprised if the case would prove to be one which will be taken as a precedent in many trials in the future, where a similar condition of the mind can be shown to have controlled the person charged with crime."

A COMPLIMENTARY dinner, given in honor of Dr. Judson Daland at the Bellevue, was a very happy event. Toasts were responded to by Dr. C. M. Seltzer, Dr. L. Webster Fox, Dr. H. A. Kelly, Dr. C. E. Sajous, Dr. J. B. Deaver, Thomas Earle White, and Dr. Daland.

A RECENT dispatch from San Francisco states that the steamship *Oceanic* brings late advices from Amoy, China, giving details of the terrible epidemic of cholera prevailing there. Hundreds of people have died and many English and American missionaries have succumbed. Mrs. McGregor, wife of Dr. McGregor, of the Church of England Mission, died of cholera on the 2d. The Chinese are rapidly dying by the hundreds.

Coffins are coming in large numbers from the interior, as the local supply is not up to the demand. The suburbs of Chin Kiang are devastated. The white cloth and pieces of coarse hemp, signs of mourning, are to be seen on nearly every door-post in all villages. The ignorant rustics, instead of taking preventive measures, have recourse to worshiping the god of sickness and death.

DR. GREEN RETIRES.—After a faithful service of forty-three years, Traill Green, M.D., LL.D., of Easton, has retired from active duty in connection with Lafayette College, owing to his advanced years. The trustees, in granting the request, conferred upon Dr. Green the title of Professor Emeritus.

Dr. Green acted as Professor of Chemistry for a number of years, and later as Professor of Medical Jurisprudence. He officiated as president of the college during the year that elapsed between the resignation of Dr. Knox and the election of Dr. Warfield.—*Philadelphia Inquirer.*

DISTRICT MEDICAL SOCIETY OF CENTRAL ILLINOIS.—The semi-annual meeting of this society was held in Vandalia, Ill., on Tuesday, October 27, 1891.

Officers.—President, G. W. Fringer, M.D., Pana; First Vice-President, W. G. Wilson, M.D., Shelbyville; Second Vice-President, Wm H. Sparling, Moawequa; Secretary, J. H. Miller, M.D., Chicago; Treasurer, F. B. Haller, M.D., Vandalia.

Board of Censors.—W. J. Eddy, M.D., Shelbyville; J. Huber, M.D., Pana; W. W. Murfin, M.D., Patoka; Jno. A. Prince, M.D., Springfield; Amos Sawyer, M.D., Hillsboro.

Programme.—"Tuberculosis," W. J. Eddy, M.D., Shelbyville; "Movable Kidney and Hydronephrosis," David W. Graham, M.D., Chicago; "Acute Periostitis of the Femur," Wm. Barnes, M.D., Decatur; "Report of a Case in Gynæcology," Naomi Pierce Collins, M.D., Decatur; "Dermoid Cysts of the Ovary, with Report of Cases," Louis A. Malone, M.D., Jacksonville.

A proposition to amend certain parts of the constitution and by-laws was submitted at this meeting. J. H. MILLER, M.D., Secretary, 113 Adams Street, Chicago; G. W. FRINGER, M.D., President, Pana, Ill.

THE INTER-CONTINENTAL AMERICAN CONGRESS.—On October 17th the Committee on Permanent Organization for the Inter-Conti-

nental American Congress met at St. Louis to adopt a constitution and to elect officers both for the general congress and the sections.

ABANDONING MEDICAL EXAMINATIONS IN LIFE-INSURANCE.—It is said that three life-insurance companies in Great Britain have given up medical examinations of applicants for life-insurance. They hope to avoid loss by giving only a portion of the premium in case of death of the insured before the lapse of a certain number of years.

BEER-DRINKING AND HEART DISEASE.—It is said (Blätter f. Klin. Hydrotherapie, 1891, No. 4) that disease of the heart is very prevalent in Munich, where the consumption of beer amounts, on the average, to 565 litres per head annually; and in the same place the duration of life among the brewing trade is shorter than that of the general population. Whereas the average attained among the latter is 53.5 years, that of ale-house keepers is 51.35 years, and of brewers 43.33 years. The same note adds that for the whole of Germany the annual consumption of beer per head amounts to 88 litres, but for Bavaria it is 209 litres.—*Med. Age.*

A NEW industry, which promises to become of permanent value to the coast inhabitants of Jœderen, Norway, has recently been started. This is the burning of sea-weed, which is found in great abundance on the coast, and the preparation of kelp for the manufacture of iodine.—*Druggists' Circular.*

MEDICAL REGISTATION AMONG SAVAGES.—In a paper read before the Oriental Congress recently held in London, M. Claine gave an account of his recent explorations in Sumatra among a tribe called the Karo Bataks in distinction from four other families of Bataks who also inhabit Sumatra. While these latter are stated to be more or less cannibals, the Karo Bataks are more civilized, and have acquired considerable proficiency in medicine. The chiefs are the doctors, and in each district a kind of medical register is kept in manuscript. From a drawing on a manuscript composed of bark, which was exhibited, they appear to have attained to the idea of a microbe as the source of disease. Their teeth are generally worn down to stumps or decayed, and sometimes this is so much the case that copper plates to protect the gums are worn. In physical character they are of medium stature, their skin is brown, not improbably with a tinge of yellow, the hair is black and straight, the eyes deep-set, the cheek-bones are prominent, and they have aquiline noses. They do not bury their dead, but leave them to decompose in scooped-out trunks of trees raised on a kind of scaffold. When the bones are bare they carry away the skull, which is preserved in a small box in a corner of the house. In order to trace their affinities and to obtain some idea as to whence they come and owe the social development they possess, it is very desirable that some of their skeletons should be procured and sent home for examination, and also that their physical characters should be more fully studied, as well as their language and customs. There is already existing evidence of the presence of a Mongoloid element among some of the native tribes of Sumatra who have kept themselves pure from admixture with other races. Besides the attire worn by the Karo Bataks, mentioned by the author as being like that worn by the Japanese, there are other evidences in the physical characters he describes which might lead one to suspect their being of Mongolian origin. Much more information is, however, required before this can be even considered their probable origin. *Brit. Med. Journ.*

A DECANTER OF MADEIRA AGED EIGHTY-SIX TO GEORGE BANCROFT, AGED EIGHTY-SIX, GREETING.

Good master, you and I were born
In "tea-cup days" of hoop and hood,
And when the silver queue hung down,
And toasts were drunk, and wine was good.

When kin of mine (a jolly brood)
From sideboard looked, and knew full well
What courage they had given the beau,
How generous made the blushing belle.

Ah, me! What gossip could I prate
Of days when doors were locked at dinners!
Believe me, I have kissed the lips
Of many pretty saints and sinners.

Lip service I have done, alack!
I don't repent; but come what may,
What ready lips, sir, I have kissed,
Be sure at least I shall not say.

Two honest gentlemen are we—
I Demi-John, whole George are you;
When Nature grew us one in years,
She meant to make a generous brew.

She made me store, for festal hours,
The sun our south-side vineyard knew;
To sterner tasks she set your life—
To statesman, writer, scholar, grew.

Years eighty-six have come and gone;
At last we meet—your health to-night
Take from this board of friendly hearts,
The memory of a proud delight.

The days that went have made you wise;
There's wisdom in my rare bouquet;
I'm rather paler than I was,
And, on my soul, you're growing gray!

I like to think when toper Time
Has drained the last of me and you,
Some here shall say: "They both were good—
The wine we drank, the men we knew."

—DR. S. WEIR MITCHELL.

W. Ross Foster, M.D., of Pittsburgh, and Dr. John L. Wentz, of Drifton, Pa., have lately been visiting Philadelphia.

A Curious Custom.—It is often difficult to find an explanation of the origin of a popular mode of treatment of some malady or accident, but usually such treatment has in its favor that it appears to be successful. This, however, could hardly be said of the method of endeavoring to avert threatened death from gas-poisoning, which is adopted in Lanarkshire, as we learn from a letter from Dr. Caldwell, of Shotts. Called to a workman employed at the Shotts iron-works, he found him lying on the ground, apparently dead, with four or five fellow-workmen rubbing his legs; the body was lying on an inclined plane, the head uppermost, the head, face, and neck being covered with earth, and a man was heaping on more earth. The body was warm, but the heart's action had ceased, and artificial respiration failed to restore him. It would seem impossible that any one should ever have recovered in consequence—or rather in spite—of treatment so pre-eminently calculated to aggravate and complete the already-commencing asphyxia, and it is, therefore, incomprehensible that such a line of treatment should have made a reputation for itself.—*Brit. Med. Journal.*

BOOK REVIEWS.

Hand-Book of Materia Medica, Pharmacy, and Therapeutics, including the physiological action of drugs, the special therapeutics of disease, official and practical pharmacy, and minute directions for prescription-writing. By Samuel O. L. Potter, A.M., M.D. (Jefferson); M.R.C.P. (London); Professor of Theory and Practice of Medicine, Cooper Medical College, San Francisco, Cal. Third edition. Revised. Published by P. Blakiston, Son & Co., Philadelphia.

About a year ago we had the pleasure of reviewing the second edition of Potter's Therapeutics, and called the attention of our readers to the many valuable articles referred to by the author. In this third edition Dr. Potter has thoroughly revised his work, having rewritten many of the subjects, and included, at the same time, many of the new remedies of service in the practice of medicine. The work has been brought up to date, and, as in the former edition, is admirably arranged. The publisher has printed and bound the work in a handsome and acceptable style for ready reference by physicians.

The Section of Obstetrics and Diseases of Women of the American Medical Association has made a most decisive step toward encouraging authors of papers.

This year the papers, instead of being stored away for an indefinite period, have been published weekly; after completion of weekly publication they have been bound in book form, which makes it convenient for reference. The papers number thirty-seven, amongst which are several showing original research; some show marks of merit, while others should have been read in other sections than that of the obstetrical. Writers should not content themselves with simply reports of cases, but as much as possible give to the society original work. It is original work that gives value to the Society's journal.

Annual of the Universal Medical Sciences: A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World. Edited by Chas. E. Sajous, M.D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators, and correspondents, illustrated with chromo-lithographs, engravings, and maps. F. A. Davis, Publisher, Philadelphia, New York, Chicago, Atlanta, and London.

We again call the attention of our readers to the five large volumes of this great work. The editor, with his distinguished colleagues in every portion of the civilized world, has given a most thorough review of the literature of medical science. Every department has been most carefully considered and laid before the reader in a most inviting manner for rapid consultation. One need but turn to the index to find every subject that has received attention from writers in every nation progressive in the science of medicine. Volume I includes such well-known writers as Whittaker, Griffith, Johnston, Holt, McKee, Leidy, Allen Smith, Wilson, Cohen, Starr, Lewis Smith, and N. S. Davis. We would especially direct our readers to examine the extensive and valuable article written by the late Professor Joseph Leidy upon animal parasites and their effects. It was written by the best authority upon this subject in the scientific world, and contains many practical suggestions, especially to practitioners. Volume II has among its many contributors the following eminent writers: Landon Carter Gray, Birdsall, Knapp, Brush, Frederick Henry, Mundé, Montgomery, Baldy, Parish, Currier, Starr, and Minot. Many of the contributions in this volume are well illustrated, as, for example, the one on "Diseases of the Ovaries and Tubes," by E. E. Montgomery, the author showing the great value of operative measures in very many diseases of those organs. Volumes III, IV, and V likewise contain the best-known writers of the day—men who have been successful practitioners and authors for

almost a life time. Among the many who have, in the three volumes alluded to, given so much value to these works may be named Packard, Gaston, Mears, Kelsey, Keyes, White, Martin, Sayre, Conner, Stimson, Laplace, Seguin, Tiffany, Barton, Wolff, Oliver, Turnbull, Sajous, Witherstine, Delevan, Cohen, Ingalls, Draper, Gihon, Ernst, Jackson, Griffith, Hare, Rockwell, Rohé, Hamilton, Wyman, Sudduth, Sangree, Young, Howell, and many others. The contributions given by the many writers referred to are of the utmost value to all practitioners. Each subject has been abstracted or made so brief as to only contain the points of value to the reader. The publisher has certainly given to the profession again one of the best arranged and as well printed and bound set of works to be found in any part of the world.

Fifth Annual Report of the State Board of Health, and Vital Statistics of the Commonwealth of Pennsylvania. Harrisburg: Edwin K. Meyers, State Printer, 1891.

This volume of seven hundred pages contains many valuable and interesting papers. Those read before the Sanitary Convention, at Pittsburgh, May 31 and June 1, 1889, will claim especial attention from those interested in Sanitation. Dr. Leffmann's article on "Soft Drinks," Selection and Treatment of Public Water Supplies; Dr. Rohé's on the King's Evil; Dr. S. H. Talcott's on The Hygiene of Public Institutions; Dr. W. B. Atkinson's, on the Proper Mode of Conducting Sanitary Inspections, may be particularly mentioned. Numerous reports of inspections are given, and a mass of statistical material relative to epidemic diseases. A detailed account of the operations of the Board, in consequence of the floods of May 31, 1889, at Johnstown and the surrounding country, is contained in the report.

The Modern Antipyretics: their Action in Health and Disease. By ISAAC OTT, M.D. Easton, Pa.: E. D. Vogel, 1891.

After a preliminary discussion of the pathology of fever, the author briefly describes the chemistry of the antipyretics and their physiological action. The concluding portion of the work is devoted to the therapeutic action of this class of remedies. The book is founded upon much original investigation.

Stories of a Country Doctor. By WILLIS P. KING, M.D. Philadelphia: Hummel and Paramle, 1891. Price, One Dollar, in Cloth.

Having been raised in a frontier State, Dr. King is, either by personal experience or local tradition, thoroughly familiar with the mode of life in a newly-settled country. A man with a keen, natural sense of humor, he has given us a book which, along with some useful information, is replete with amusing anecdotes, illustrative of the comic side of a rough, unpolished, but hardy and manly life. It is well adapted to revive our spirits after a hard day's work.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Author's subjects. Vol. XII. Reger-Shuttleworth. Washington: Government Printing Office. 1891.

Dr. John S. Billings, in his report to Surgeon-General Charles Sutherland, states that this volume includes 20,251 authors' titles, representing 8,022 volumes and 18,090 pamphlets. It also includes, he writes, 6,603 subject-titles of separate books and pamphlets, and 18,956 titles of articles in periodicals. The Medical Museum and Library of the United States is thus greatly enriched by the addition of this volume to the large number already collected. Like the previous volumes, the one before us shows most careful work upon the part of the author.

A Text-Book of Practical Therapeutics. With especial reference to the application of remedial measures to disease, and their employment upon a rational basis. By HOBART AMORY HARE, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, etc., etc. Second edition. Enlarged and thoroughly revised. Philadelphia: Lea Brothers & Co. 1891.

Some months ago we reviewed the first edition of this work, pointing out its practical value to physicians and students. In this second edition the author has corrected the few errors of the first and likewise discussed many new drugs not alluded to in the former work. Dr. Hare has also given a good account of the rest-cure and the employment of suspension in the treatment of locomotor ataxia and other affections. He has added, with much value to the text, a large number of new prescriptions.

Therapeutics: its Principles and Practice. By H. C. WOOD, M.D., LL.D. Eighth edition. Philadelphia: J. B. Lippincott Company. 1891. Cloth; pp. 937.

When a work has reached its eighth edition it may be said to be truly successful. Professor Wood has been known for many years as a clear writer and thinker, especially upon medical subjects. The work before us has enjoyed the reputation of being one of the progressive text-books of the day upon therapeutics. The author, who has continued his physiological experiments with many of the new drugs, has brought out this eighth edition with the work fully abreast of the times in all that pertains to this department. The new addition especially abounds in the physiological action of most of the acceptable

drugs now employed in medicine. Many of the articles have been rewritten, particularly that upon anæsthetics. All those who have followed the literature of the profession have recognized the able and original work Professor Wood has been doing upon anæsthetics, all of which is included in this portion of his work. The author has, in addition, given marked attention and consideration, in this edition of his therapeutics, to cocaine, strophanthus, caffeine, antipyrin, antifebrin, phenacetin, hydrastine, paraldehyde, sulphonal, chloralamid, and aristol. The work is of a good and convenient size, well printed and bound by the well-known publishing-house of J. B. Lippincott Company.

Saunders' Question Compend, No. 1: Essentials of Physiology. Arranged in the form of Questions and Answers. Prepared especially for Students of Medicine. By H. A. HARE, B.Sc., M.D., Professor of Therapeutics and Materia Medica in Jefferson Medical College of Philadelphia, etc. Third edition, thoroughly revised and enlarged by the addition of a series of handsome illustrations taken from the celebrated "icones nervorum capitis" of Arnold. W. B. Saunders, 913 Walnut street, Philadelphia, Pa., 1891.

The author of this work has greatly amplified it in every portion, especially upon the nervous system. It is no longer an ordinary compend upon this important branch, but a hand-book in which physiology is well reviewed.

Essentials of Anatomy and Manual of Practical Dissection, together with the Anatomy of the Viscera. Prepared especially for Students of Medicine. By CHAS. B. NANCREDE, M.D., Professor of Surgery and of Clinical Surgery in the University of Michigan, Ann Arbor, etc. Fourth edition, revised and enlarged by an appendix containing Hints on Dissection. By J. CHALMERS DA COSTA, M.D. Based upon the last edition of Gray's Anatomy. Thirty handsome, full-page lithographic plates in colors, and 188 fine wood-cuts. W. B. Saunders, 913 Walnut street, Philadelphia, Pa., 1891.

The fourth edition of this work is truly a good-sized text-book upon anatomy. The work includes 388 pages, and each subject treated is given in a brief but thorough manner. The illustrations are good, the plates being of great service to the student in dissecting.

A Maiden's Choice. By W. HEIMBURG. Translated by ELISE L. LATHROP. With photogravure illustrations. Worthington Co., New York, 747 Broadway, 1891.

This book will be found of great interest to the reader. The text is good, the language choice, and the story most pleasing. Doctors, students, and all who wish to have a change in reading something light and agreeable, should read carefully this modest but effective work.

Asmodeus; or, the Devil Upon Two Sticks. Translated from the French of A. R. SAGE. With illustrations by TONY JOHANNOF. New York: Worthington Co., 1891.

A good, hearty laugh often drives away dull care, makes one for the time forget all trouble and live in the present. To those who wish agreeable reading matter, something full of interest, we commend the above work.

Three Thousand Questions on Medical Subjects. Arranged for Self-Examination. Philadelphia: P. Blakiston, Son & Co.

This very small, compact, and well-arranged work will be found to contain many questions that one can read with interest and with instruction.

Tables for Doctor and Druggist. Comprising: I. Table of Solubilities. II. Table of Reactions and Incompatibles. III. Table of Doses and Uses of Medicines. IV. Table of Specific Gravities. V. Table of Poisons and Antidotes. Compiled by ELI H. LONG, M.D., Professor of Materia Medica, Buffalo College of Pharmacy; Adjunct Professor of Materia Medica, Medical Department University of Buffalo. Geo. S. Davis, Detroit, Michigan, 1891.

The tables arranged in this work are divided as follows: 1. Table of solubilities. 2. Table of reactions and incompatibles. 3. Table of doses and uses of medicines. 4. Table of specific gravities. 5. Table of poisons and antidotes. They have been well compiled, and have been placed in such a convenient form as to be of great service to both physicians and pharmacists. The table upon incompatibles alone is of so much value that it should be before or within the reach of many who are preparing or compounding prescriptions.

Artificial Anæsthesia and Anæsthetics. By DE FOREST WILLARD, R.M., M.D., PH.D., Clinical Professor of Orthopædic Surgery in the University of Pennsylvania; Surgeon to the Presbyterian Hospital, etc.; and LEWIS H. ADLER, JR., M.D., Instructor in Rectal Diseases, Philadelphia Polyclinic and College for Graduates in Medicine. Geo. S. Davis, Detroit, Mich., 1891.

The authors of this book have, from the text, evidently devoted very much thought and work to the respective subjects. All the anæsthetics and mixtures are carefully considered and given in such a manner as to be easily understood by the reader. The concluding chapter, on Medico-Legal Relations of Artificial Anæsthesia, is most practical and interesting.

COMMERCIAL NEWS.

IT IS A FACT THAT BUT ONE PAPER IN NINETEEN HAS FURNISHED SUCH A STRAIGHT-OUT STATEMENT OF ACTUAL ISSUES AS YOU HAVE.

GEO. P. ROWELL & CO.

NEW YORK, May 20, 1891.

SOLUBLE FOOD.

REED & CARNRICK, New York:—

Dear Sirs: I have had a very agreeable experience with your Soluble Food, my little boy of 20 months having consumed over eighty pounds of it since October last. I had tried nearly every form of artificial feeding and the prepared foods, none of which were assimilated. Finally he was put upon Soluble Food, and since that time he has thrived and grown hearty.

I noticed that you have lately put upon the market several new specialties. If you will kindly send samples, I shall be glad to make trials of them in my practice, and if I find each in its sphere as valuable as Soluble Food, you may be assured that I shall heartily commend them. Very truly yours,

E. W. MURRAY, M.D.

REDFIELD, SOUTH DAKOTA, May 21, 1891.

MORRHULENE.

I have given it with very pleasing results to patients suffering from repeated attacks of catarrhal pneumonia with phthisis, and in beginning tuberculous phthisis. In various strumous affections, such as corneal ulceration and lymphatic enlargement, which we so often meet in children, it is especially useful because of its palatability and activity. I have found very few children who cannot take it when they have refused to take other emulsions of cod-liver oil. H. E. ALDRICH, M.D.

NEUROSINE.

From W. L. Gahagan, M.D., coroner Hamilton County, Chattanooga Tenn.; also secretary of the Tri-State Medical Association:—

"I received from your representative a sample bottle of Neurosine. The completeness of the formula as displayed on the bottle at once attracted my attention. The sample was used, and I must say the preparation has given *better results and more universal satisfaction than any combination ever used* by me. Have tried it in many nervous affections; in some it is a *specific*, in others a therapeutic agent of very great value."

NEWSPAPER CATALOGUE.

For convenience, compactness, careful compilation and completeness the Newspaper Catalogue, published by Messrs. Dauchy & Co., is certainly unrivalled. The 1891 edition has just reached us, and is fully up to the high standard of the editions of former years. The type is clear cut and of good size, the paper very good, and the press-work and binding of the best. The feature of this catalogue which puts it in the lead of the newspaper directories is the broad space for memoranda against each paper. Advertisers can use it as a complete record of all their contracts, as well as an index to all their record books, newspaper files, etc., and will be indispensable upon the desk of every one who has dealings with the press, whether they be large or small. We congratulate the publishers upon it; it is a very creditable production in every way, and all its statistics and information in regard to advertisers are evidently very carefully prepared. It can be procured from Messrs. Dauchy & Co., Newspaper Advertising Agents, 27 Park Place, New York.

FOR RENAL HEMORRHAGE.

The following is extremely useful:—

℞ Ext. ergotæ fl., . . . 2 ounces.
Kennedy's Pinus Canadensis (dark), . . . 2 ounces.

M. Sig.: One drachm every hour or two.

A. R. DE ESCARRA, M.D., Paris, France, says: "With S. A. Kennedy's Extract of Pinus Canadensis the results have exceeded my expectations. In three cases of metritis, accompanied by abundant and very viscous secretions, I was able to note the improvement almost at a glance, and in one case the complete cure of these affections by using the pure Pinus Canadensis on hydrophile cotton plugs. In two cases of inveterate leucorrhœa, which resisted various well-chosen remedies, the improvement was truly marvelous; so much so, that I asked myself whether I had not fallen on a lucky combination. This, time will decide. From that time I have always recommended the Pinus Canadensis in all cases where I thought its action was clearly indicated.

"THE LAW BATTERY."

It affords us pleasure to call the attention of our readers to the advertisement of the "Law Telephone Company," which appears on advertising page 34 of this issue. Physicians who are fortunate enough to possess batteries made by this firm speak in the highest terms of their many desirable qualities, so that we are pleased to cordially commend them to any of our readers who may be in need of new electrical apparatus.